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ABSTRACT

The major focus of the conference described in this report was an attempt to refine responses to three questions: (1) What qualities should be required for Family Day Care Consultants and home visitors? (2) How can we develop these qualities through training? and (3) How can we locate the resources we need to get the training done as it should be? In view of the recent research which seems to overwhelmingly confirm the gains made through-home based early childhood education, emphais was placed on the need to meticulously choose and train the Family Day Care Consultant. The report contains presentations by 10 symposium participants. (CS)

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PROCEEDINGS REPORT

A Symposium On Field Staff Training for Home-Based Early Childhood Education

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Cover/Barbara Lee of the State Training Office,

Cheyney (Pa.) State College, an absorbed participant in

Appalachia Educational Laboratory's Symposium

On Field Staff Training For Home-Based

Early Childhood Education.

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Proceedings Report

A SYMPOSIUM ON FIELD STAFF TRAINING FOR HOME-BASED EARLY CHILDHOOD EDUCATION

March 18-20, 1973

Sponsored By

APPALACHIA EDUCATIONAL LABORATORY, INC.

P.O. BOX 1348

CHARLESTON, WEST VIRGINIA

Introduction

By Freida Gregory

If any of us involved in home-based early childhood programs were ever faint-hearted or skeptical about the rightness of this approach, surely the publicity given it recently has been comforting to us. Rare is the educational journal which doesn't have, at the very least, a strong commendation of the home-based concept--even if the concept is sometimes treated as if it were a new one.

We have even been discovered by the lay press, most comprehensively, perhaps, in the March 10, 1973, issue of Saturday Review. Indeed, if the agencies we represent had as many sources of funding as they have had published endorsements, then they would not be well-loved only, but exceedingly well-off.

We can either use this no-doubt-transitory state of celebrity as an excuse to hold galas of self-congratulation, or we can use it to provide ourselves a temperate climate in which we are able to define what we want to do and refine our ways of doing it. This symposium, held in Washington, D. C. March 18, 20, 1973, presupposed we should do the latter.

Appalachia Educational Laboratory, my home base, has been working with parents and children at home for the past five years as part of its preschool education system. It was less our foresight than the geographical and financial limitations of our region which caused us to use this approach. Conditions virtually demanded we go to the child instead of bringing the child to us.

But in the course of using this approach, we learned from our research that there were such notable gains being made for children in the home that we could not help but conclude that home was not just another kind of school, but rather a special kind of school. More recent studies examining the longitudinal effects have, of course, emphasized the lasting gains attributable to home efforts.

Because so much can be done in the home to direct and develop children, we must be meticulous in choosing and training the people who actually will go into the homes and whose performances will determine our organizations' success or lack of it. It will require particularly sensitive and responsive people to reach the child and parent in their natural environment.

It was impossible to pull together for the symposium all of the people involved closely in home-based early childhood education programs. But we tried to get a fair representation of this field's richness and variety.

During the meeting we all encountered new ideas and new twists; and we learned something of the people behind the different programs and differing philosophies. But the major outcome of the conference was reasoned responses to these three questions:

(1) What qualities should be required of home visitors?

(2) How can we develop these qualities through training?

(3) How can we locate the resources we need to get the training done as it should be?

The picture is drawn.
Let's start coloring it.

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Notes On Participating Organizations

Bureau Of Elementary And Secondary Education
Office Of Education

This agency is currently establishing a system for making information about parent education training programs more accessible to school systems. A current program concern is Education for Parenthood, designed to prepare secondary school students for parenthood through combined classroom instruction and actual experience working with children.

Office Of Child Development

OCD representatives at the Symposium are currently involved in the CDA program and Consortium, aimed at designing a competency-based training and credentialling system for child-care workers throughout the country. The program will be tested in 17 sites this year. OCD delegates also discussed the agency's involvement in training staff for Home Start and home-based activities of Head Start.

TARCOG Home Start

This organization serves 120 preschool children and their families in Huntsville, Ala., operated by the Top of Alabama Regional Council of Governments. TARCOG uses Appalachia Educational Laboratory's early-childhood education prototype television lessons and materials.

Office Of Career Development
University Of Minnesota

Television and home visitors are basic to this project, designed to train workers for family day-care.

Florida Model Parent Education Program
University Of Florida

This program pioneered in training home visitors to teach parents how to be more effective teachers of their young children.

Bureau Of Education For The Handicapped
U. S. Office Of Education

One of the Bureau's major efforts currently is to serve handicapped children in home-based programs by providing instruction and support for parents.

National Association For Education Of Young Children

Some 18,000 persons involved in educational programs for young children belong to this organization.

Education Commission Of The States

A space satellite to be launched in 1974 will provide the delivery system for this multi-state project to train child-care workers.

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'We are developing a means, of getting early education to the preschool child.'

By Dr. Roy Alford

Before I start on the program, I would like to express AEL's appreciation to you for taking your time to come to this symposium. As you noticed on the program, we had a purpose for the meeting. The purpose was to get you together so that you could exchange ideas.

Of course there was a hidden agenda. We wanted to know what you people were thinking about, and by doing it this way we can rather quickly get a very good in-depth survey of what is going on in this area of training paraprofessional home visitors. So, for that, our appreciation to you.

We at AEL started back in 1967 with a particular target in mind. And that target was the rural isolated child. We felt that for too long too that little had been done for the rural child. Even when we went to the literature to see what we could find out about the characteristics of the rural child, we found that there was very little in the literature. Quite a bit about the urban and surburban middle class, quite a little about the ghetto children, but very little, if anything, about the rural child.

We went to West Virginia University and had them to do a couple of jobs for us. First, we had them do a more thorough search of the literature than we had been able to do, to see if we had overlooked anything with relevancy to the rural child. They told us we really hadn't; there just wasn't all that much. So then, we had them do a study on the characteristics of that rural preschool child.

We limited it to 3-,4-, and 5-year old children because we knew that there were very few rural children who had available to them any sort of preschool program, even kindergarten. And even some states that had had kindergarten, theoretically statewide, for many years were still not reaching the rural child. Pennsylvania, for example, still has about 20 per cent of its children that do not have kindergarten available in spite of the long history of kindergarten in that state.

So we obtained this profile of the child and we got a statement of objectives written in behavioral terms, and with this as background we went into our three element program. One element of the program that we put into a three-year field test was a daily half-hour television broadcast which we produced ourselves, and broadcast over a commercial channel--because that is what the parents could receive in their homes. Approximately 95 per cent of our target audience had TV sets. Thus, we presented the program directly to the child.

We used a paraprofessional, our second element, whom we had trained and then sent into the field to deal--not directly with the child--but rather with the parent, because we thought this would give us better carryover. We wanted the home visitor to work with the child enough to provide modeling behavior. But, we still wanted her to work with the parent so the parent would feel comfortable teaching and be encouraged to continue throughout the week to provide educational stimulus to the child we could not provide otherwise.

We also felt that group experience, element three, was important so we provided that in a relatively small group, 12-15 children at a time, with a trained teacher and a paraprofessional aide.

The three-year field test was, we feel, very successful. I won't go into a lot of detail on what the research showed. We did show good gains in cognition. At home we showed some social skills gains. And we showed a stimulation of the child's curiosity, and that was a good one. Some of you might want to ask some questions about that one. The field test was followed by two years of what we call "operational tests," which means that the program is run, not by the laboratory, but by user groups. We are now in the second year of the operational test, and we have a couple of people here representing one of these tests. But starting December 1 of this year, we get into a new program. That is really what we are concerned with now.

As we work through the previous effort, we are developing a process, a way, a means, of getting early education to the rural preschool child. But we found that there is a great need for materials and methods to be used with staff, with children, with parents, and now we are trying to develop what we call a "marketable" program, including the production of a second generation of color video tapes. We have divided this new effort into three work units, one of which relates to training and implementation. And this is the main focus of this symposium.

Before I close, let me give you a quick overview of AEL's package of seven process manuals for HOPE which are designed to help a system or organization implement an early childhood education program. The HOPE acronym stands for Home-Oriented Preschool Education.

These manuals grow out of four years of work but they are not formal research and development reports. That is something else. That information is written up as technical reports and that sort of thing. These manuals do not describe what we did during our field test, but they were written after we had gone through three years of field tests. We spent a year writing these things to try to help people who were going to get involved in the sort of thing that we had had to do --often by trial and error --in our three year field test. So we wrote seven manuals. The Program Overview and Requirements Manual is for administrators who want to

make a decision about whether or not they want to get into something like this. So it gives a quick sketch of what happens in the program, tells what kind of people and how many the program needs and how much money it is going to cost--the sort of thing administrators want to know.

Then we are going to have to have someone in the field to actually operate the program. So we provide a Field Director's Manual for the person who is on the firing line. This person is usually the first employed, and is responsible for initiating the program.

To assist him we provide a Personnel Training Guide. It's the smallest manual, the last one done, and the least satisfactory. And that is a major reason we are here right now, as we start revisions on this one. Then we have the Home Visitor's Handbook. It has in it some helpful hints, but it doesn't have a survival guide, and I think we still need to get back to the survival guide. We have a Handbook for classroom teachers and aides. The Curriculum Planning Guide and the Materials Preparation Guide. And, could be considered almost the cookbook part of the package--to tell people how to put the program together. And, if they choose not to use our program, these two manuals will help them develop their own.

'This model indicates that parents have the major responsibility for teaching their children.'

By Jane DeWeerd

The growth of programs for preschool children has been paralleled by an increased involvement of parents in the education of their children. During recent years there has been a concerted effort by Federal funding sources, such as the Office of Child Development and the Bureau for the Education of the Handicapped, to fund programs that involve the parents of the children being served. This parental involvement could occur at various levels of program development. For instance, including parents on an advisory council, having parents work as classroom aides, and counseling parents could be methods of involving parents in a program.

The Portage Project, a home teaching program, is an attempt to directly involve parents in the education of their children by teaching parents what to teach, what to reinforce, and how to observe and record behavior.

There are several advantages in teaching parents in their homes to be effective agents of behavioral change. First, learning is

occurring in the parent and child's natural environment; therefore, the problem of transferring to the home what has been learned in a classroom or clinic does not occur. Second, there is direct and constant access to behavior as it occurs naturally. Third, the maintenance of desired behavior will likely be enhanced if the behaviors have been learned in the natural environment. Fourth, the training of parents, who already are natural reinforcing agents, will provide them with the skills necessary to deal with new behaviors when they occur.

The Portage Project presently serves 75 handicapped children from birth to 6 years of age. The children live within the Cooperative Educational Service Agency No. 12 area is south-central rural Wisconsin.

The project serves children who have been previously diagnosed as having behavioral problems or as being emotionally disturbed, mentally retarded, physically handicapped, vision impaired, hearing impaired, culturally deprived, or handicapped in the area of speech or language. The prject also serves children with any combination of these disabilities.

The children are referred to the project by local physicians, social workers, county health nurses, public schools, local guidance clinics and speech therapists. Public service announcements on local radio stations and newspaper articles describing the project have brought additional referrals, many from parents themselves.

Of the 150 parents contacted regarding the project, only 6 (approximately 1 percent) refused to enroll their child. Of the 150 children referred, 30 were found not to need an early intervention program. Four of the 75 parents and children enrolled in the project withdrew after the home visits began. Of these 4, 2 children were in families who moved from the area, 1 child was placed in a state hospital, and 1 parent was dissatisfied with the project.

During the planning phase, as children were being identified, it was evident that a classroom situation could not be provided. The inter-

mediate agency serves 23 school districts and covers a geographical area of 3,6000 square miles. To transport these preschool handicapped children to one central location would not have been either practical or possible. Even when several children had been identified within a smaller area, i.e. one school district, their handicaps and/or their chronological ages varied so greatly that it was not to the children's advantage to place them in a group.

The project's administrative staff decided that, due to these problems, a home teaching model would be the most feasible delivery system to provide educational services. An educator--a home teacher--was provided to each child and his family 1 day per week for 1 1/2 hours for a period of 9 1/2 months. This schedule of home visits was met 92 percent of the time, which takes into account cancellations due to inclement weather, illness, family vacations, and hospitalizations. During the 6 days the home teacher was not present, the parents served as the child's teachers by implementing prescribed curriculum and recording the child's progress.

After a child had been referred to the project, a home teacher assessed the child to determine if he needed an early intervention program. The project does not serve children functioning at or near their chronological age in the developmental areas. However, the project has never refused service because a child had too many handicaps or had handicaps of too great a degree.

The developmental scales and intelligence tests were administered in order to provide objective data concerning gains in mental age and IQ; however, the teaching staff was not concerned with labels or IQ scores. The concern was the behavior of the individual child. Knowing that a child is a mongoloid or has an IQ of 50 or is brain damaged does not tell a teacher what the child can already do, what next to teach, nor how to teach it. Each child was provided with an individualized curriculum based on his present behavior, not his disability label.

Four certified special education teachers and three paraprofessionals were hired and trained to serve as home teachers. Certified personnel served an average of 12 children; the paraprofessionals had an assigned caseload of 10 children. Preservice training included instruction in child development, assessment techniques, precision teaching, and behavior modification (Shearer, 1971). Pre- and posttests were given after each instructional period to evaluate the instruction itself. Inservice meetings for the entire staff were held 1 day per week and home visits were not scheduled on that day. These sessions provided the individual staff member with needed reinforcement and help with specific problems encountered during the week.

During a specific 2 hour staffing period, each home teacher presented problems causing concern. The group reacted by making suggestions and finally by establishing a prescriptive goal which the home teacher implemented the following week. Data on this prescription was collected, and at the next inservice meeting the home teacher reported either success or failure. If the goal was not achieved, the staff modified the reinforcer, changed the reinforcement schedule, or divided the goal into smaller segments.

The paraprofessional home teachers met with the staff training coordinator one additional half day per week to review the previous week's data and to help in planning prescriptions for the coming week.

The home teacher accompanied the parent and child on clinic appointments and suggestions were sought from outside professionals at this time and throughout the year as problems arose.

To facilitate planning for individual children, the project staff devised an Early Childhood Curriculum Guide (Shearer, Billingsley, Frohman, Hilliard, Johnson, & Shearer, 1970). The guide is in two parts: (a) a Developmental Sequence Checklist, which lists sequential behaviors from birth to 5 years of age in five developmental areas--cognitive, language, self help, motor, and socialization; (b) a set of Curriculum Cards to match each of the 450 behaviors.

The Checklist is used to pinpoint the behaviors the child already exhibits in the five developmental areas. This is considered initial baseline behavior. Based on this data, the home teacher can then prescribe the next behavior on the Checklist, often dividing this behavior, which is called a long term goal, into smaller segments. Thus, the child is assigned a goal he will achieve within 1 week regardless of the severity of the handicap.

As the parents experienced success and gained confidence in their ability to teach their child and record his behavior, the initial one or two prescriptions per week were increased to three or four prescriptions. These activities were in several areas of development. For instance, the parents might have been working on buttoning, reducing tantrums, and counting objects all within the same week.

The parents were encouraged to contribute to the planning and implementation of the curriculum and these suggestions were absorbed into the prescriptions during the home visit. The parents were shown how to record their child's behavior on the prescribed curriculum tasks, and as the parents taught their child during the week, they recorded the behavior as it increased, decreased, or remained the same.

Recording behaviors was new and somewhat threatening to some of the parents, so the home teachers initiated just one prescription during the first week. The home teachers showed the parents how to record and the parents practiced during the home visit. This initial goal was chosen so that it would be helpful to the family (i.e., the child will put on coat without help) and be at a level that the home teacher believed would be achieved within 1 week. This helped guarantee the parent and child immediate success.

Thirty percent of the parents did not record during the first month. Praise and sometimes more tangible reinforcers were used in some situations to initiate recording behavior. However, once the parent began recording tangible reinforcers were no longer necessary; seeing the behavior of the child change became a reinforcer in itself. The overall rate of daily recording by the 75 families in the project was 92 percent.

The home teacher entered each child's home with the average of three to four prescriptions per week and any materials needed to carry out these activities. First the home teacher took postbaseline data on the previous week's activities. Based on this data, the home teacher altered these prescriptions or introduced new activities. Baseline data was then collected on each new task. Such collection is important since it is necessary to first discover how close the child is to achieving the prescription. For instance, a prescription might have been for hopping on one foot in place without support, 5 times per trial, 3 trials per day. If baseline data had indicated that success on this activity was not likely to be achieved in 1 week, the home teacher would have changed the prescription, gone back to a prerequisite skill, and prescribed hopping on one foot in place with support, 5 times per trial, 3 trials per day.

As baseline data was collected on each new prescription, the task was demonstrated to the parent as the home teacher worked with the child. The home teacher then observed the parent working with the child on the prescription. Often the home teacher supplied the parent with additional teaching information, such as, "How about increasing the amount of praise and see if he will perform better," or "You are giving too many clues to Johnny. Look, you are holding your hand in front of the colored block you have asked Johnny to give you. Place your hand between the two blocks." The parent is expected to stay with the child and the home teacher during the session because this visit is designed to teach the parents how to teach, how to record, and how to reinforce the prescribed behavior for the coming week.

An activity chart for each prescription was left with the parent. This chart described in behavioral terms what goal was to be accomplished, how often the skill was to be practiced, what behavior was to be reinforced, and how it was to be reinforced. The directions were specific and the parents had the activity chart to refer to during the week. The parent was instructed to record on the activity chart the child's behavior each day on each prescription. Recording proved to be reinforcing to the parents because they could see the daily changes

in their child's rate of appropriate responses. When the home teacher returned the following week, he recorded postbaseline data on the previous week's activities. This helped the home teacher validate the accuracy of the parents' recording.

Evaluation was an ongoing process. The parent recorded her child's performance on the prescription daily. The home trainer evaluated weekly by comparing baseline and postbaseline data, and a complete evaluation was undertaken twice a year using the IQ tests and developmental scales described earlier.

The weekly assessment of the child's behavior was also an assessment of the home teacher's ability to prescribe appropriate curriculum. If the child had not succeeded on a task within a given length of time, then it was not assumed to be the child's fault. The failure was likely to be the home teacher's, perhaps because the appropriate task had not been given adequate directions. Unlike most teachers, the home teacher knows this within a week, and the prescription can be modified.

If the parent had not been able to work effectively with the child during the week, the home teacher might need to modify the prescriptions (perhaps there were too many) or give the parent additional reinforcement.

A log was kept on each child listing each behavior prescribed, the date the curriculum was initiated, the date the behavior was achieved, and the developmental area the behavior is assumed under, i.e., self help, language, cognitive, socialization, or motor. This log provided information concerning the specific behaviors each child had learned, the date he learned them, and the duration of each prescription. In addition, data concerning the percentage of success on tasks was also available.

The average IQ of the children in the project was 75 as determined by the Cattell Infant Test and the Stanford-Binet Intelligence Test. Therefore, it would be expected that on the average, the normal rate of growth would be 75 percent of that of the child with normal intelli-

gence. Using mental ages, one would expect that the average gain would be about 6 months in an 8 month period of time. The average child in the project gained 13 months in an 8 month period; he gained 60 percent more than his counterpart with a normal intelligence.

Children who, because of age, remained in the project after 1 year were retested in September, and these test results were compared to the scores achieved the previous June. Although it would be expected that some regression would occur, there was no significant difference in the scores. This may indicate that the parents continued to work with and reinforce behaviors even though the home teacher was no longer making visits.

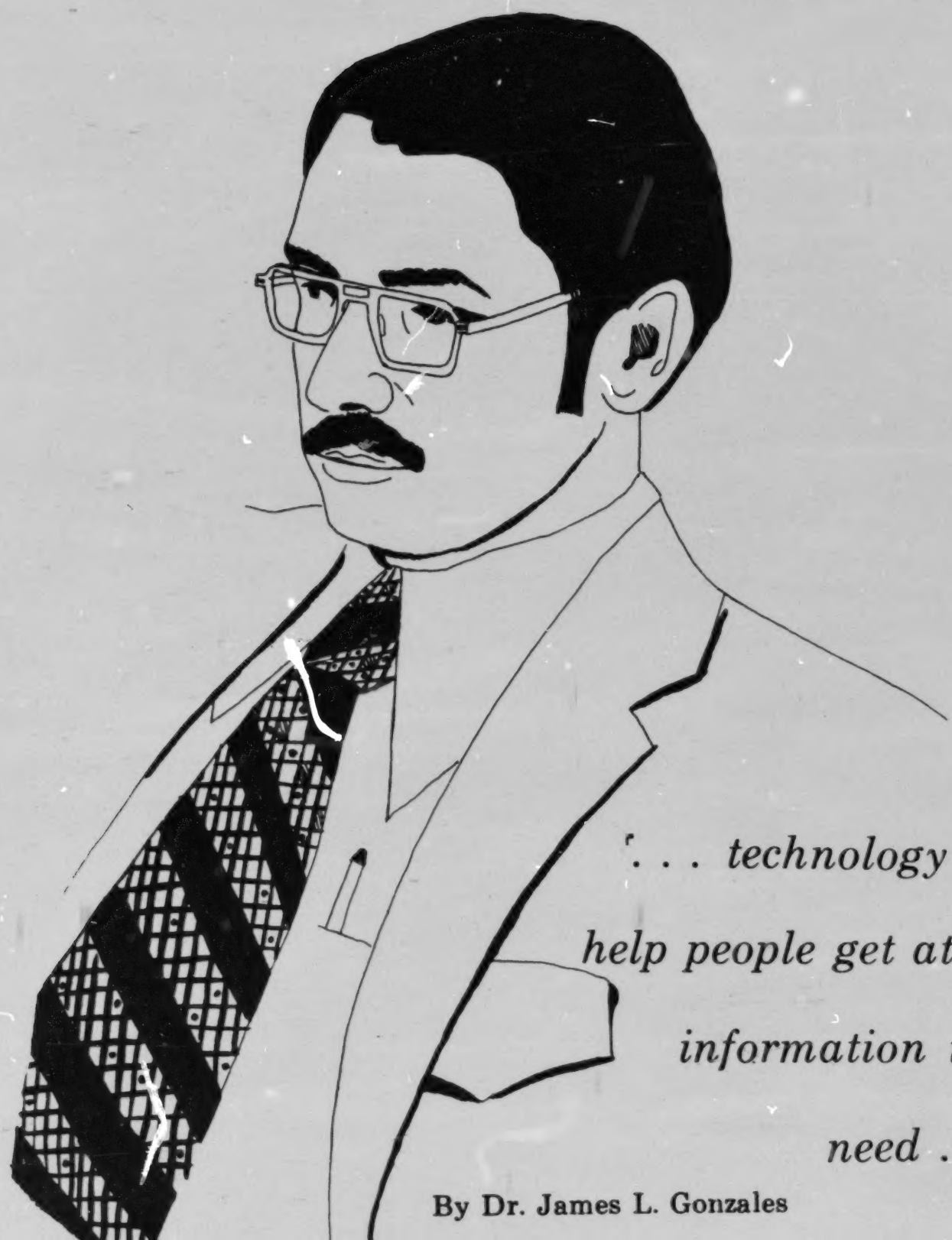
An average of 128 prescriptions were written per child. The children were successful on 91 percent of the prescriptions written by professional and paraprofessional staff.

An experimental study was conducted involving randomly selected children from the Portage Project and randomly selected children attending local classroom programs for culturally and economically disadvantaged preschool children. The Stanford-Binet Intelligence Scale, the Cattell Infant Scale, and the Alpern-Boll Developmental Skills Age Inventory were given as pre- and posttests to both groups. In addition, the Gesell Developmental Schedule was given as a posttest to both groups. In addition, the Gesell Developmental Schedule was given as a posttest to both groups. Multiple analysis of covariance was used to control for IQ, practice effect, and age. The greater gains made by the Portage Project children in the areas of mental age, IQ, language, academic development, and socialization were statistically significant, as compared to the group receiving classroom instruction (Peniston, 1972).

Using the children as their own control, test results and behavioral gains were compared and measured. The mean gain in IQ scores on the Alpern-Boll Developmental Skills Age Inventory was 13.5 and was statistically significant beyond the .01 level. The mean gain in IQ scores on the Stanford-Binet was 18.3 and was statistically significant beyond the .01 level.

There is a growing concern for more parental involvement in education and in the provision of good educational services to handicapped children in rural areas. This model indicates that parents have the major responsibility for decision making, rearing, and teaching their children. Parents of handicapped children often have this responsibility for a much longer period of time and are in greater need of parenting skills and knowledge concerning methods of teaching and child development.

Educators have been guilty of relieving the parents of the responsibility of education. Yet, a child's poor classroom performance is often blamed on the "inadequate parent syndrome." Parents of handicapped children need guidance, but more importantly, they need the experience, satisfaction, and the pleasure of working with their children and seeing them succeed as a result of their own efforts. Most parents of handicapped children want to be able to be at least partially responsible for the progress of their child and do not want to be told that the teaching can only be done by somebody else. Home based programs involving individualized instruction through precision teaching is the catalyst which can provide this service to parents and their children.



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By Dr. James L. Gonzales

In a world which is constantly growing, changing, becoming ever more difficult to control, the need for communication is immediate and vital.

How do we find out what people need to solve their social problems? How do we get what they need to them? How do we find out if their needs were met? These are vital questions which our educational delivery systems have failed to answer.

My discussion describes a unique attempt to address these questions--a method which uses many of the communications man has invented to deliver to him some universal knowledges and skills he has identified. Most important, this delivery system totally involves the user in the meeting of his own needs.

This description is an overview. It is not intended as an indepth presentation of the work of the early childhood component of the Educational Technology Demonstration.

It is the intent of the Educational Technology Demonstration, a project of the Federation of Rocky Mountain States, to show ways that technology can help people get at the information and materials they need to meet their needs.

The first decision of the project was to develop a user-based model to hook people up with services. It was apparent that users who would greatly benefit from increased knowledge and technology often have not had access to it.

Extensive visits and discussions with users in the eight-state Region (Colorado, Idaho, Montana, New Mexico, Utah, Wyoming, Arizona, and Nevada) indicated that the focus of the early childhood component should be on people who care for preschool children. A review of child care services available made it apparent that there is almost no support available for parents and child care staffs in the Region.

The review indicated:

- *Training for those who care for young children is minimal or non-existent in the Region. No state has a comprehensive training program for early childhood personnel.*

- *Only a small percentage of the Region's children are being reached by programs such as Head Start or public kindergartens.*

- *A great part of child care is left to daycare home mothers, most of whom are presently without professional support.*

- *About 20 per cent of the Region's population has never received any television--educational or commercial.*

Although about half of the school districts have educational television available, less than 15 per cent of the districts indicate they make systematic use of such programming.

After the decision was made to focus on adults who care for preschool children, the ECD staff continued to review the literature on child development and to discuss the setting of objectives with professionals.

Out of these tasks came four broad objectives and seventeen specific sub-objectives. They are not all inclusive, or final, but were simply drawn up as guidelines to construct the user needs assessment instrument. The broad objectives of the project are:

- *To enable those who care for children to facilitate and enhance the child's social development*

- *To enable those who care for children to facilitate and enhance the child's intellectual development*

- *To enable those who care for children to facilitate and enhance the child's physical development*

- *To enable those who care for children to facilitate and enhance the child's emotional development*

More than 20 major development and planning tasks were completed by early 1973 and about 30 more were underway, including the initial prototyping of programs, materials, and support personnel.

The early childhood component is being administered under a subcontract with the Education Commission of the States, an organization combining state governors, legislators, and educators working for the improvement of education.

The Rocky Mountain states provides a natural area for such a demonstration. To much of its population, the geographic isolation of this area is a positive thing giving protection from many of the ills of large urban areas, such as overcrowding, pollution, and the high crime rates. But often that isolation has meant a separation from the professional expertise, technological advances, and the services available in more accessible areas.

Further, these states contain at least four ethnic groups with differing languages and cultural patterns--Indian, Chicano, Black, and Anglo-American.

It is hoped that in serving the diverse needs of such an area, the project will demonstrate methods which will have application in many other parts of the country.

The Educational Technology Demonstration will:

- *see that the user is an integral part of the entire project, in program planning, monitoring, and evaluation*

- *use a sophisticated communications system, the Applications Technology Satellite (ATS-F), to be launched by NASA in 1974, linked to existing ground facilities such as public and cable television facilities and microwave systems*

- *develop samples (prototypes) of many ways that these facilities, materials, and human resources can be combined to fit the needs of different people and situations*
- *try out these prototypes in selected sites*

- *do research to discover whether user needs have indeed been met and, if some have not, attempt to find methods which will do the job*

- *attempt to get the successful methods incorporated into existing agencies*

The project's goal is to provide a base from which others can work to provide delivery systems which effectively hook up users with services from which they have been separated by cultural, economic, educational or geographic gaps.

The early childhood component wants to reach the people who care for young children--whatever their geographic location, early childhood setting, ethnic or economic groups, or length of experience or training. We want to serve

A mother caring for three or four extra children in her home in a small town in Colorado

The person running a child care center on a reservation in Arizona

Those involved in a private kindergarten in New Mexico

A man and woman in Nevada who are foster parents

All are part of the target audience. The program content will be based on priority goals identified in a needs assessment survey of potential users.

We assessed the perceived needs with a paper and pencil test in the Region, interviewing about 460 people to determine their priority training goals in early childhood. Basically, this gave us broad goal priorities.

There are 13 such goals, grouped into 5 categories:

A. Physical Development
   1. The adult can identify and take care of minor health problems or accidents.
   2. The adult can use equipment and activities to help children develop physically.

B. Social Development
   1. The adult will be able to plan for, guide, reward, restrict, and encourage a young child's social behavior.
   2. The adult will be able to identify what kind of behavior to expect of a child during infancy, toddler, and preschool stages of development.
   3. The adult will be able to help a child learn that each person is a distinct individual who deserves respect.

C. Emotional Development
   1. The adult can implement activities which enhance the child's self confidence and self esteem.
   2. The adult can implement activities which build self confidence and self esteem.
   3. The adult can help the child recognize, label, and express emotions.

D. Intellectual Development
   1. The adult can help the child learn and develop language and skills.
   2. The adult can help the child learn to solve problems.

3. The adult has information on what a child can be expected to know and learn, and can provide experiences and guidance accordingly.

E. Community and Cultural
   1. The adult can help the child learn and respect his own and other cultures.
   2. The adult can help the child learn about his own community.

After establishing our goal priorities, we identified specific objectives and began to develop certain modules.

Since we are going to need a certain amount of predeveloped materials when the satellite is launched, we also identified the predeveloped video materials which matched up with those specific objectives. Thus, we weighed the objectives against the research as well as against the needs. The users, namely the people who are the eventual target audience for the satellite project are involved during this entire sequence. It's a very user based system, rather different from the traditional strategy where you design programs and then take them out to people. We have involved the users in all phases of the satellite project.

We are now entering into this prototype test phase in which we have selected predeveloped materials for testing. We are doing module variation testing wherein we take a certain module of 10 to 15 minutes to a certain site and present it to a group of people, get their reactions to it, find out whether it achieves the objectives or not. Basically, we are field testing all preselected soft or hardware and people mixes. As we do this testing, we will be evaluating and applying those results in the development of new modules or other predeveloped modules that will eventually be broadcast.

By June of this year (1973), we hope to be able to specify the number and types of modules that will eventually be broadcast on the satellite. The actual development year has been from June, 1972 through December, 1973 in which we are specifying our content.

All programming will be in non-sequential, modular format. During the four hours a day when the satellite is available, program modules of varying lengths, dealing with varied materials will be broadcast. If a foster mother can only catch the module on nutrition or first aid, if a child care center director only has time to see two problem-solving modules out of four, the impact will not be lost.

Turn-over in child care personnel is high and those who care for children often cannot schedule more than a few minutes a day for their own learning experiences. Non-sequential, modular programming will give these people a chance to choose those bits of information most directed to their needs.

It may be of interest to you to see how we are moving from the broad preliminary objectives, the goal priorities that we got from the needs assessment, to the actual development of a module. We took our broad preliminary objectives and translated them into the goal priorities for the needs assessment instrument. (When I say objectives, we are talking about competencies, I think. Something like "The caregiver will be able to stop a wound from bleeding,"--would be an objective. But at the same time it could be a competency.)

These goal priorities were translated into immediate or specific objectives which brings us to cur competency level. We have broken these down into criteria for these objectives and are developing the modules around the specific objectives and identified criteria. These objectives are then taken through a user-loop validation as well as a research validation.

We are seeking a really good validation for all of the objectives--not only from the professional standpoint but from users as well. For example, if we come up with the specific objective, "The caregiver will be able to give mouth to mouth resuscitation," we want that objective to be validated by the users. We want to interview some users in the Region and find out--"Is this a realistic objective? Is it practical? Is it something that you need?" At the same time, we will be getting the professional, research validation.

We have found a certain number of predeveloped materials that match up very nicely with our objectives and we are using these primarily for field testing to find out if they present the information adequately.

The early childhood component is now testing prototypes of programs and materials for selected audiences. User groups review these programs and materials and the early childhood component staff analyze them in terms of content appropriateness, format, production considerations, audience appropriateness, and cost and time factors. This prototyping will provide information about whether materials and methods are on target for the people and needs they are designed to serve.

We are working with several organizations in this effort. We are testing 15 minute modules of the bilingual early elementary program from the Southwest Educational Development Laboratory in Austin, Texas. On that program a staff member works with several children and, at the same time, talks to parents about ways they can use materials in the home to stimulate their children's development. It's a low cost, straightforward, excellent program. I understand that in the San Antonio area it outdrew NBC's Today Show at 7:30 in the morning. Pretty good! Lots of parents are watching it. That's the kind of thing we are testing in our eight-state Region--to find out if something which is very, very good in San Antonio has relevance to our audience. The American Red Cross is currently translating some of their materials for program tests. They are preparing two audio cassette tapes--one in Spanish and one in Navaho. We plan to take these to certain audiences and get reactions to this particular presentation mode and the objectives in the American Red Cross material.

The Appalachia Educational Laboratory has some excellent material for their home-based early childhood program. We have had some contact with them and will be talking again on ways we can work together.

We also are looking at the Toy Lending Library of the Far West Laboratory and considering the use of certain video modules. These modules would be typed to each toy, packaged into a cassette format, and tested with our user groups.

High Scope Foundation in Ypsilanti, Michigan has done some tapes in which a home visitor works with the parent and discusses things the parent can do with children, very young children. We are getting several modules from the High Scope Foundation which address certain specific objectives and we want to prototype test that.

In each of the eight states of the Rocky Mountain Region, the early childhood component employs a field staff which keeps touch with the users. Staff members are local people, knowledgeable about local needs, able to relate to the concerns of the individual communities the Demonstration will serve.

Through this field staff and through periodic conferences with user groups, the early childhood component maintains contact with both its direct users--parents, foster-parents, relatives, and paid and volunteer staffs--and the direct users--federal and state political and agency groups and the professional community.

We are moving all of this along at the same time. Objectives which don't have any predeveloped materials are progressing through a similar sequence of determining priorities. We are then writing specific content for each new objective. Our staff of early childhood specialists provide the research support for the objectives and educational strategies to achieve that objective.

The content specialists then turn these over to other specialists who make sure they are sound in terms of what the objective is trying to achieve and stated in practical down-to-earth language. These content specifications are given to our writers who write scripts and produce the modules. We have to be very precise in stating the content specifications since a script must be processed by several different departments. First, it goes to our writers and then to the Federation's production department. The production department then sends each script to the U.S. Office of Education in Washington for review. After they approve it, it is returned to our production department for any revisions and cost estimates. Production is required to get three bids for each module since most of the actual video programming for the satellite will be subcontracted. It's a

long, tedious process, but every script from a 30-second spot to a 10-minute spot must go through this procedure.

Now, we are experiencing a very severe time crunch. When you back up from the satellite launching--(April, 1974)--we have 13 months to develop about 100 hours of new material. At the same time, we have to develop the other elements of the delivery system, namely the home visitor program. At our intensive sites we will have one-way broadcasts and the television signal for one hour a day will be at the time the home visitor could go to that particular site right after or during the one hour broadcast from the satellite. They would visit with the adults and children and reinforce the content presented in the particular module that had been shown on the satellite. It could be a center operation, a private daycare center, a Head Start program, or perhaps a community center operation. With that home visitor we could send printed materials and/or games or toys. Via the two-way audio system, the recipient also will be able to give us in Denver the immediate feedback on programming.

The two-way audio capability will provide us with the interesting possibility of doing a certain program in a quiz format. We designed one module around a nutrition quiz, similar to the national driver's test shown on CBS. That approach allows you to present certain situations regarding children's nutrition, children's health, etc. Questions are framed in a "What would you do" format with multiple choice answers. The people then respond immediately on an instrument like a touch-tone telephone which transmits the information to us. So that gives us direct input from the users.

I have talked about modules throughout my talk this morning. We made the decision in 1972 to go the modular route. Modules will be non-sequential--open entry, open exit--so that if Mrs. X misses a program on Monday, she can watch on Friday and still get something out of it.

We are taking a very comprehensive approach to the child's development. The programming will have a cultural base that reflects the four ethnic groups in the region and we are working very hard to incorporate this ethnic representation into all the program material that we are developing.

'The important aspect of the training is in the interaction between the supervisors and the parent educators.'

By Dr. Barry Guinagh

This paper presents some ideas about training home visitors to go into homes and teach parents learning activities that they can in turn teach to their children.

The Institute for Development of Human Resources at the University of Florida has been working with parents since 1966 under the direction of Dr. Ira J. Gordon.

We have worked with parents who had children ranging in ages from three months to sixth grade in various programs, and in such programs as Head Start Planned Variation and Follow Through. During the last year we have helped three programs get started that are focusing on families with children from ages 0 to 3. These programs, sponsored by Appalachian Regional Commission, are located in Norton, Virginia; Grundy, Virginia; and Anderson, South Carolina. The home visitors in these programs are high school graduates. Many of my comments are based on the pre-service training that we developed for these programs. Although the target child in these programs is younger than the 3-to-5-year-old that this conference is focusing on, experience with other programs indicate that the differences are minor; the emphasis is still on teaching the parent.

Most of this paper deals with the process of the training program. The important aspect of the training is in the interaction between the supervisors and the parent educators. Naturally, the behavior desired in teaching a parent needs

to be spelled out and we have done this in the two lists attached to this presentation--"Desirable Parenting Behaviors During Child Stimulation Activities," and "Do's and Don'ts of Parent Education." However, it must be remembered that memorizing this list is not equivalent to the ability to produce these behaviors. This ability only comes from working with parents and then discussing how things went with a supervisor. Therefore this paper will discuss a training program that gets parent educators involved in practicing making home visits under supervision so that their teaching skills can start to become part of their parent educator's behavior.

Training is usually divided into two types--inservice and preservice. The preservice training takes place before the program is in full swing and can last anywhere from one week to six weeks. Inservice training is maintained while the parent educators are working. This distinction between inservice and preservice training is too sharp. Also, the preservice training should be gradually phased out as the home visitors take over more of their regular job and the training would gradually become inservice.

Ideally, the individual who is going to be in charge of the total program should run the preservice workshop. Members of the staff who are to be responsible for supervision should also work with small groups of parent educators just as they will do when the program begins. A problem arises when there is an overall administrator who is not directly connected with the educational part of the program. This individual may be busy doing other things during this preservice workshop and not really be aware of what is happening in the workshop. This can cause problems later when the overall administrator does not really understand the intricacies of the program.

How should the parent educators be introduced to their new job? The simplest way to teach is the lecture, or at least it is the most obvious way. Tell the parent educators the purpose of the program and how to make a home visit. However, there are problems with the lecture approach to education. Some of the parent educators on the staff may be hesitant to talk in the first place, and sitting there quietly,

listening to somebody else talk may confirm their notion that they really have nothing to say. Since much of the work the parent educators will do with parents demands a great deal of conversation, it is important to get the parent educators talking as soon as possible. There is also the possibility that seeing somebody in front of the group talking will remind them of either their days at school or how they behave in church. In both cases these roles are usually rather passive. Others who have something to say may believe that the administration does not want to hear their ideas. Lectures have a place, but they need to be followed up by a discussion in small groups with the supervisors. Small discussion sessions can review what was said in the lecture and answer questions the parent educators may have about their role. Discussion sessions are particularly important in understanding the philosophical position a program may have about children and child raising. Everyone has opinions and views about how children should be raised. Many of the staff will hold different beliefs about children and what they are capable of in the early years. Some parent educators may have heard that letting a child look into a mirror before he was a year old would cause him to go blind; or that if a little boy's hair was cut before the age of one he would never be able to speak; or that speaking to babies is ridiculous because babies cannot understand you. These beliefs should be brought out into the open and not ridiculed. However the parent educators should be asked to reexamine their views and be shown by the supervisory staff that present scientific evidence indicates that those beliefs are false.

A better method of introducing the concept of parent education is to watch sample home visits. For example, the supervisory personnel could act out different types of home visits; one individual could assume the parent educator role and another one could take the role of the mother. The parent educators will better understand their job if they are able to see sample home visits. Videotaped presentations that have been prepared in advance can also be used. Videotape has the added advantage that if there is any disagreement about what was seen, the tape can be rolled back and the situation can be watched again. After the group has viewed several presentations, small discussion groups will help the individuals talk

about what they have seen. Here again many times different individuals will see different things, or will have seen the same things but placed different emphasis or interpretation on what they have seen, or value different incidents in what was seen.

After watching these practice visits, the parent educators should get a chance to do some role playing on their own. They can take different roles; one parent educator can be herself as the parent educator, another the parent, and a third the parent's child. The parent educator can then demonstrate teaching the parent an activity for her to do with her child. Role taking should help the parent educators understand their task better.

This role playing needs to be done under supervision and observed by a small group for discussion purposes. It is better to do this in small groups at first rather than in front of a large group because it is less anxiety provoking. By using role playing, the parent educators are actually doing the home visits rather than just talking about doing them. Role playing should be viewed as practice for making a home visit and not just some game to take up time or create embarassment.

Before role playing begins it should be very clear as to who is the parent educator and who is the mother. Sometimes in the anxiety of the situation, the roles may get confused. The parent educator should just play herself, but the individual playing the mother will have to decide how old her child is and perhaps even what type of mother she is going to be. She should try to think her role through in advance. Many people role playing a mother become an ideal mother; i.e., very cooperative and interested in everything the parent educator is saying and doing. This role is acceptable initially because many parents are like this, but the parent educators need practice in dealing with difficult parents. The purpose of practicing with difficult parents is to help prepare the parent educator for some of the problems she might face.

As the parent educators become more sophisticated, they can use the videotapes to further refine their skills. The role playing can be taped and viewed at a later time by the participants. Obviously, this can be frightening for

anybody, but after the initial shock of seeing themselves, most people learn to look at their performances for ways that they can be improved. Many times individuals do not have to be told what is wrong because they will know just by looking at the tape. A television picture is indeed worth a thousand words.

After the parent educators have had several chances at role playing, real mothers and children should be brought into the training sessions so the parent educators can practice teaching the parent and then watching the parent in turn teach the child. The mother should be told that the parent educators are learning a new job and that the mothers and children are not being tested. Ideally these mothers should be from the same population as the parents who will be in the project.

Often parent educators will volunteer to bring in their own children, or the secretary will want to bring in her child. There are several problems with using mothers on the staff. First, the "parent" is not naive about the program. Second, after the presentation the group cannot be honest in their discussion of the reaction of the mother to the presentation, or of how they thought the mother worked with the child. Everybody is too familiar with the mother to be completely honest. Third, the mother is usually not from the same socioeconomic level as the population that the project is aimed at. Perhaps no harm is done if a few relatives or children of the staff are brought in on the first day of practice with real parents. Bringing in the parent educator's children may help the morale of the group by letting individuals show off their children; however, as soon as possible the staff should begin to work with parents more typical of those who will be in the program.

The parent educator first tells the parent what the activity is about and what the parent will be doing with her child. Then the parent educator will demonstrate how the parent should teach the child by teaching the child directly. The mother can then copy the parent educator. If the child is not present, role playing will have to be used to demonstrate the activity. The mother will have to pretend to be her child while the parent educator demonstrates the activity;

the roles can then be reversed and the parent educator pretends to be the child and the mother practices the activity.

A general pattern that is useful during preservice training is to have parents and children come in from 10 to 11 a.m. During this hour parent educators can make a "home visit" and then observe the mother teaching the child the activity. At 11 a.m. the parents can leave with their children and the parent educators can discuss what they have observed. Then, in the afternoon, the parent educators can prepare for the next group of parents and children by choosing an activity and role playing the home visits. This plan keeps the parent educators involved in the program as active participants rather than passive observers. The videotapes can also be used at this time if the parents are willing to be taped. If they have been interested enough to come in to be practiced on, they will permit taping.

The next step is to begin actual home visits. This should not be considered practice, but the real thing. A family should be picked and the first visit should be made by the parent educator. The first visit can be made by most parent educators by the beginning of the second week of preservice training. This means that someone will need to have the eligible families enrolled and ready for the parent educators' visits. The parent educators should be told that they will have to start to make some home visits at the beginning of the second week as an added incentive for them to see how their training directly relates to their job and is useful for improving their skills. On the first visit the parent educator can be accompanied by her supervisor to help explain the program. At this time, simple activity should be presented for the mother and child to do during the week. The date for the next meeting should also be set. After this visit, the supervisor can review her observations and give encouragement to the parent educator. The parent educator has now started her job. Ideally the parent educator will make more home visits while the pretraining continues to phase out.

The supervisory staff and the director of the program should also have some families to

visit. Since few people have had actual experience in such a program it is difficult to tell people how to work with parents unless they know what the parent educators are going through. This does not mean that the supervisory staff needs to work with many families, but two or three families will give each supervisor a feeling for the job. It can also give some credibility to the supervisors in the eyes of the parent educators. The supervisors must know what is going on in the visits because they are making home visits also. The supervisors should start their home visits before the parent educators begin their visits. This will give the parent educators and the supervisors a common understanding of the problems they face.

In preservice training sessions there are several possible problems. One problem is that the parent educators will get a false notion of what the job entails. This can happen if there is no actual experience with families and no constructive evaluation of their work. Without real parents to work with, the parent educators can develop misconceptions as to the nature of the job. By getting into the field and working with real parents, there is less chance of this happening. The parent educators also needs to be told when they are not doing the job well. It is sometimes difficult for supervisory people to criticize, but it is necessary for the good of the program to let the parent educator know how she can improve.

Another common problem of the preservice workshops is that they are too long. Often this is because the planners of the programs see a dichotomy between preservice and inservice training. In an ideal program the two should gradually blend together. This would mean that if the preservice training were six weeks long, the parent educators should begin to work with parents by the beginning of the second week, and be working full time with their parents by the end of the six week training session. Inservice training should begin at this time.

When the preservice training sessions are too long problems arise. First, the new job for the parent educators soon becomes boring; many see it as going to school and a very passive attitude sets in. Second, because there is so much time, the supervisory staff may run out of

things to do with the parent educators. In order to solve this problem of what to do with the parent educators, they may be excused to go home early. While a shortened work day is not a mortal sin, problems can be created if the rules are changed as soon as the program begins. This can cause the parent educators to develop bad attitudes toward their jobs. It can also make the parent educators view the staff as indecisive and an easy pushover for the parent educators. This attitude may sound unduly pessimistic, but if parent educators continue to sit around and are not improving their skills, and have to wait to begin their jobs, they may soon develop habits that will be detrimental to their parent education work.

Hopefully, the preservice will have many positive effects on the staff and parent educators. It will let them get to know each other and start to develop a strong morale within the group. This strong morale is very important because most of the work that the parent educators will be doing will not be public work. There will be no easily visible product. The work the parent educator does is lonely work because her job is done alone. The supervisor will only be able to observe only a small fraction of the parent educator's work. Therefore, to overcome this isolation, the parent educators need to feel some comradery with each other. This feeling can begin during the preservice workshop. Preservice education in a home based program must help the parent educator and staff start to learn to trust each other and to work for a relationship that will benefit parents and children.

Desirable Parenting Behaviors During Child Stimulation Activities

1. Eliminate distractors
2. Let the child become familiar with materials (touch, taste, smell, look, listen).
3. Prepare the child for the activity--show him and tell him, <u>without</u> forcing the activity.

4. Respond to what the child is doing (play and talk with him). If the child is doing something, don't interrupt, let the activity you want flow from the child's activity.

5. If the child doesn't attend, use an alternate activity or an alternate way.

6. Allow time for the child to respond before saying or doing anything more (at least 3 seconds).

7. Let the child stay with the activity without interruption if possible, until he is tired of it.

8. Attend more to the comfort of the child than to the activity.

9. Get the parent to praise and encourage the child's performance.

10. Talk with the child about the activity.

11. Don't badger. Let the child alone when he is working on the activity.

12. Don't overdo. If the child turns away or turns you off, that is a signal to let up.

13. The activity should be fun! If you are not having fun, back off and take another look.

Do's and Don'ts of Parent Educating

1. When parent and child are interacting, or parent is trying to get the child to attend, don't interrupt.

2. Keep your explanations short. Break it up in steps or pieces and intersperse throughout.

3. Turn loose of the child's attention as soon as you can.

4. Summarize and review at the end of the activity using parent-child activities to discuss Desirable Parenting Behaviors.

5. Explain the WHY and HOW of the activity.

6. Direct your attention to the parent.

7. Let the mother attend to the child's needs, unless she asks you.

8. Do not phrase a question that elicits a "NO" answer if you are not willing to accept it.

9. If you have been working on a Desirable Parenting Behavior and the parent starts using it, let her know you have observed it and how it worked.

10. Use praise and encouragement cautiously, not mechanically or in ways it will interrupt the flow of parent-child interraction.

11. Stress that the parent is the important teacher.

12. Don't offend by over or under dressing.

13. After you have explained or demonstrated, turn it loose--let the parent take over.

14. Laugh <u>with</u> and not <u>at</u> the child.

15. Don't mock the parent's language--speak naturally.

16. Don't be afraid to admit when you have made a mistake.

Prepared by EDF 780, Seminar in Education, 11/06/72

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History 72 . . .

By Dr. Jenny Klein

The Office of Child Development has come up with something called the "Child Development Associate" or "CDA" project. In this first phase of the project, the Development Associate role is limited to personnel in center-based programs who work with children generally between ages three to five. We have done that because we think that working with younger children takes some expert skills. Working in home day care work and home visiting programs needs some expert skills, and they need to be defined.

We set out to make the CDA a three-part program. What we needed to decide first, we said, was what competencies a child-care worker has to have. Second, what is it that we are training for? What is it that we want people to do and be? I think those two go closely together.

Finally, we selected a set of competencies. They are broad and fall into six basic categories (see page 44). As I look through the categories again, I realize that most of them fit for home day care. And I think they fit for the home visitor program. But they would need to be adjusted for both of them. I would very much like to hear from you what adjustments would have to be made.

Third, after defining competencies and duties we then defined training mechanisms. There were certain basic assumptions we had for training which we put into our training guidelines:

(1) The training must be largely field-based--the traditional method of accruing course work and then doing student teaching does not make for good skills in teaching or being with young children. The academic work and the field work must be a coordinated set of experiences. I don't think it is important or necessary for people to know the name Piaget or what he said or what he stands for. What is important for them is to gain some understanding of child development and that things happen in sequence and that children grow in a certain way. They need to know that certain skills can be learned and built upon at certain ages and certain times. The training then is one that relies heavily on field-based training--at least fifty per cent. The theoretical work ties into the field training. We decided right in the beginning that there was no need to say that these students had to have 90 credits or 120 credits. We felt that effective childcare workers really don't need Algebra 99 and History 72 although it would be nice if they did. Nobody is knocking it. But the important thing is to know about child development, how to work with children and to do it.

(2) We decided that there needed to be some kinds of credentialling and assessment procedures. Traditionally, people go to college, and they take 120 credits. Then they have a college degree, if they have passed all the courses. We have no way of saying if they are really competent teachers or child care workers.

So, the idea was to develop an assessment system. Now, I remember I am simplifying all of this. It is much more complicated and it is much easier to talk about than to do it. We decided that people needed to be assessed to see if they indeed are competent. It would be designed so that people could go through the training program in a very individual way. There are people who have had less experience and could probably go through the training to acquire the competencies that we require in a very short time, while others would need more time. There are some who need emphasis just in one area.

(3) We said, then, that the training course has to be individualized--not only in content. The training also has to be geared to

the person's time and capabilities. So, the assessment had to be an individual assessment. We then decided very quickly that the federal government just couldn't do that. We couldn't get into it. Most of all, we would never carry it off. It should not be the role of the federal government.

We established what at one time seemed a dream but is now in existence--an organization called Child Development Consortium. Originally, we thought of the Consortium as being made up of three organizations: NAEYC, EKNE (early childhood part of NEA), and ACI. We very soon were told that was a very narrow way to look at it. Other organizations needed to participate. Just to show how wrong we were, right now the Child Development Consortium is made up of 36 organizations, representing many professions including pediatrics, orthopsychiatry, psychology, nursing, and speech and hearing. It also has representatives from parents' and ethnic groups.

The Consortium has a professional staff. Their purpose is to develop both an assessment and a credentialling system for the Child Development Associate--assessment based on the competencies, a system that will say that you are now a Child Development Associate and a competent child-care worker. This will be a credential that stands for something very worthwhile.

Meanwhile, some other things have been going on. We have established 11 pilot training programs. In those programs, we are trying to find out what kind of training can develop the right abilities. What methods can we use to integrate this field training and theoretical training to make it comprehensive? We might even ask--Can it really be done in the way we have set it up? Right now, we really don't know.

In a typical government way and very much like what Paul Vicinanza was saying about Home Start, the training programs are starting but the Child Development Associate has caught on like fire. We should have sold each piece of paper for $1, and we could have funded all the day care centers you wanted. I guess the time was right. That's the only way I can say it. The idea came about when the country was ripe for it. I have never worked with anything that caught on so quickly. I almost wish it hadn't caught on quite as quickly, because you lose a

certain degree of control. You can't maintain the quality we are dying to build in. The Head Start supplementary training institutions have been given or will be given the order, if you will, or the policy, that they all will have to convert to Child Development Associate kind of training--competency-based training, based on the competencies as we have defined them.

So, we are doing two things at the same time--very much like Home Start. In one way we are saying, "Let's look at it, let's try it out in the kind of protective setting," and in the other way we are saying "Everybody do it." Now, maybe, that's the way it has to be done, and I suspect what we will do is to learn from both and come up with a combination of how can we do this.

There are many problems--the Consortium which is funded by the Office of Child Development says now that what they will come up with will be a kind of locked system of assessment, and they think they will come up with several systems of assessment. We have to field test them and see what they can do.

Credentialling will be a problem. How do we tie in the states' organizations? How do we tie in with states who are already doing certification for early childhood? How do we tie in with other requirements? There will be many problems. The consortium has sent out the list of competencies to people for inspection, additions, and refinements. Basically, the competencies have gotten support from wherever they have been sent. How they can be assessed is a completely different problem, because they are not stated in behavioral terms. They are stated in broad guidelines, and the assessment people will have to determine how they can assess them in behavioral terms. The Consortium has given out sub-contracts to several universities to see how to do that.

I have very quickly covered a project that is very big, that has a lot of visibility, that I hope will indeed produce institutional change in training, in a way that will bring quality training for child care staff. Hopefully, the Child Development Associate project will, for the first time in this nation's history, address itself to the problem that child care is a profession for anyone who deals with children. It

is seen as an innovative means to increase the number of preschool workers, and also, ensure the quality and competence of these persons.

Child Development Associate (CDA) Competencies

A comprehensive, developmental program for preschool children is one in which the total design helps children acquire the basic competencies and skills for full development and social participation, while at the same time assuring that the quality of the child's experience is emotionally satisfying and personally meaningful.

Within such a child development program the Child Development Associate will be expected to have the knowledge and skills to be able to:

A. Set up and maintain a safe and healthy learning environment

1. Organize space into functional areas recognizable by the children, e.g., block building, library, dramatic play, etc.

2. Maintain a planned arrangement for furniture, equipment and materials, and for large and small motor skills learning, and for play materials that is understandable to the children.

3. Organize the classroom so that it is possible for the children to be appropriately responsible for care of belongings and materials.

4. Arrange the setting to allow for active movement as well as quiet engagement.

5. Take preventive measures against hazards to physical safety.

6. Keep light, air and heat conditions at best possible levels.

7. Establish a planned sequence of active and quiet periods, of balanced indoor and outdoor activities.

8. Provide for flexibility of planned arrangements of space and schedule to adjust to special circumstances and needs of a particular group of children or make use of special educational opportunities.

9. Recognize unusual behavior or symptoms which may indicate a need for health care.

B. Advance physical and intellectual competence

1. Use the kind of materials, activities and experiences that encourage exploring, experimenting, questioning, that help children fulfill curiosity, gain mastery, and progress toward higher levels of achievement.

2. Recognize and provide for the young child's basic impulses to explore the physical environment; master the problems that require skillful body coordination.

3. Increase knowledge of things in their world by stimulating observation and providing for manipulative-constructive activities.

4. Use a variety of techniques for advancing language comprehension and usage in an atmosphere that encourages free verbal communication among children and between children and adults.

5. Work gradually toward recognition of the symbols for designating words and numbers.

6. Promote cognitive power by stimulating children to organize their experience (as it occurs incidentally or pre-planned for them) in terms of relationships and conceptual dimensions: classes of objects; similarities and differences; comparative size, amount, degree; orientation in time and space; growth and decay; origins; family kinship, causality.

7. Provide varied opportunities for children's active participation, independent choices, experimentation and problem-solving within the context of a structured, organized setting and program.

8. Balance unstructured materials such as paint, clay, blocks with structured materials that require specific procedures and skills; balance the use of techniques that invite exploration and independent discovery with techniques that demonstrate and instruct.

9. Stimulate focused activities: observing, attending, initiating, carrying through, raising questions, searching answers and solutions for the real problems that are encountered and reviewing the outcomes of experience.

10. Support expressive activities by providing a variety of creative art media, and allowing children freedom to symbolize in their own terms without imposition of standards of realistic representation.

11. Utilize, support and develop the play impulse, in its various symbolic and dramatic forms, as an essential component of the program; giving time, space, necessary materials and guidance in accord with its importance for deepening and clarifying thought and feeling in early childhood.

12. Extend children's knowledge, through direct and vicarious experience, of how things work, of what animals and plants need to live, of basic work processes necessary for everyday living.

13. Acquaint children with the people who keep things functioning in their immediate environment.

C. Build positive self-concept and individual strength

1. Provide an environment of acceptance in which the child can grow toward a sense of positive identity as a boy/girl as a member of his family and ethnic group, as a competent individual with a place in the child community.

2. Give direct, realistic affirmation to the child's advancing skills, growing initiative and responsibility, increasing capacity for adaptation, and emerging interest in cooperation, in terms of the child's actual behavior.

3. Demonstrate acceptance to the child by including his home language functionally in the group setting and helping him to use it as a bridge to another language for the sake of extended communication.

4. Deal with individual differences in children's style and pace of learning and in the social-emotional aspects of their life situations by adjusting the teacher-child relationship to individual needs, by using a variety of teaching methods and by maintaining flexible, progressive expectations.

5. Recognize when behavior reflects emotional conflicts around trust, possession, separation, rivalry, etc., and adapt the program of experiences, teacher-child and child-child relationships so as both to give support and to enlarge the capacity to face these problems realistically.

6. Be able to assess special needs of individual children and call in specialist help where necessary.

7. Keep a balance for the individual child between tasks and experiences from which he can enjoy feelings of mastery and success and those other tasks and experiences which are a suitable and stimulating challenge to him, yet not likely to lead to discouraging failure.

8. Assess levels of accomplishment for the individual child against the background of norms of attainment for a developmental stage, taking into careful consideration his individual strengths and weaknesses and considering opportunities he has or has not had for learning and development.

D. Organize and sustain the positive functioning of children and adults in a group in a learning environment

1. Plan the program of activities for the children to include opportunities for playing and working together and sharing experiences and responsibilities with adults in a spirit of enjoyment as well as for the sake of social development.

2. Create an atmosphere through example and attitude where it is natural and acceptable to express feelings, both positive and negative -- love, sympathy, enthusiasm, pain, frustration, loneliness or anger.

3. Establish a reasonable system of limits, rules and regulations to be understood, honored and protected by both children and adults, appropriate to the stage of development.

4. Foster acceptance and appreciation of cultural variety by children and adults as an enrichment of personal experience; develop projects that utilize cultural variation in the family population as resource for the educational program.

E. Bring about optimal coordination of home and center child-rearing practices and expectations

1. Incorporate important elements of the cultural backgrounds of the families being served, food, language, music, holidays, etc., into the children's program in order to offer them continuity between home and center settings at this early stage of development.

2. Establish relationships with parents that facilitate the free flow of information about their children's lives inside and outside the center.

3. Communicate and interact with parents toward the goal of understanding and considering the priorities of their values for their children.

4. Perceive each child as a member of his particular family and work with his family to resolve disagreements between the family's life style with children and the center's handling of child behavior and images of good education.

5. Recognize and utilize the strengths and talents of parents as they may contribute to the development of their own children and give parents every possible opportunity to participate and enrich the group program.

F. Carry out supplementary responsibilities related to the children's programs

1. Make observations on the growth and development of individual children and changes in group behavior, formally or informally, verbally or in writing, and share this information with other staff involved in the program.

2. Engage with other staff in cooperative planning activities such as schedule or program changes indicated as necessary to meet particular needs of a given group of children or incorporation of new knowledge or techniques as these become available in the general field of early childhood education.

3. Be aware of management functions such as ordering of supplies and equipment, scheduling of staff time (helpers, volunteers, parent participants), monitoring food and transportation services, safeguarding health and safety and transmit needs for efficient functioning to the responsible staff member or consultant.

In addition to the knowledge and experience that are essential components of "educational competencies" it is essential that the people who teach young children shall have specific capacities for relating to them effectively. From field observation of practitioners and a review of the literature, it is possible to name those qualities and capacities which are likely to be most congruent with the competencies as defined. These are essential complements to the more technical aspects of competence. The capacities listed below represent patterns of relatedness most relevant to teaching children in the early years of childhood.

-To be sensitive to children's feelings and the qualities of young thinking

-To be ready to listen to children in order to understand their meanings

-To utilize non-verbal forms and to adapt adult verbal language and style in order to maximize communication with the children

-To be able to protect orderliness without sacrificing spontaneity and child-like exuberance

-To be differently perceptive of individuality and make positive use of individual differences within the child group.

-To be able to exercise control without being threatening

-To be emotionally responsive, taking pleasure in children's successes, and being supportive for their troubles and failures

-To bring humor and imaginativeness into the group situation

-To feel committed to maximizing the child's and his family's strengths and potentials

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'. . . a theme I think we see developing is the idea of family focus . . .'

By W. Stanley Kruger

First of all, I just want to spend some time talking about three philosophies that I think pervade the program we are working with. Many of these have been expressed here. I am not going to repeat a lot of things that I find in common with the programs that were described yesterday--just enough to give you some sense of the direction that we are trying to go.

There are three philosophies I think that are beginning to pervade some HEW program operations. Certainly, they are apparent in the five-year planning documents with which we work. One of the trends files under the label, "Services Integration." This basically is an attempt to try to get some of the fragments in health, education, and social services (or Welfare, if you like) back together to help solve social problems which are neither education alone nor health alone nor maintenance nor services delivery alone. Thus, within the department, anyway, I find it helpful to say that there are some attempts to try to bring health, education and welfare, particularly the social service aspect of welfare, together as program planning operations.

Then I think another focus or theme is the concern for the total family. I think instead of looking at the child and the parent, that many of our programs are looking at the child and two parents,

recognizing that, as various agencies of health education services had worked with their clients within family structure, some, particularly in education, have tended to pick off the child. Now we are beginning to look at the primal involvement and the variety of programs, Title I and others. And, just to make a point, I think some aspects of welfare, let's say income maintenance, particularly employment programs, job training--may tend to look primarily at the father, at least initially, and only secondarily at the mother. Some other programs, like Paternal & Child Health Service, may tend to look at the mother or mother-child relationship and leave the father out of their primary emphasis. So the other theme I think we see developing is the idea of family focus or looking at the primary constituency with which various programs work.

The third idea, again expressed by your planning document, is one of dependency reduction. I think there is an attempt to look at the interaction between the service agencies and the constituents within the family structure and to say that whatever service or program operations are provided in Federal programs, one of the things that they ought to do is widen this gap, to make people within the family and the family itself more self-sufficient. So that at some point we must address the kind of questions we mentioned yesterday:

*When do we say that the parent no longer needs the home visitor?

*When can we terminate this kind of service?

*When have the services themselves, the nature of them, given these people the competency to proceed more or less under their own steam?

I would be the first to admit that there are a lot of people who would say that the services should never terminate, that you always have a supportive kind of relationship. I admit that in some sense, in some areas, you do; that is a legitimate function of government, I think. When I was teaching, I argued that one of

the objectives of the teacher is to enable the student to learn on his own--really independent of the teacher. I found a lot of people who disagreed with me. They didn't have a good answer for me when I began to say, "What do you do when the student graduates, when the organizational structure sort of forces the separation between the support services and the individual?" Usually, my educational colleagues would argue that some kind of additional or extended support service would keep that dependency relationship. Enough of the philosophy.

I think these are some things you can think about in reference to your own program. Now, I want to talk about what I do and where I am--in an organizational sense. As you know, we have within HEW a number of major agencies, one of which is Education which now has two parts--NIE and the Office of Education--both reporting to an Assistant Commissioner of Education. Within the Office of Education we have five deputyships. I won't elaborate on the whole structure, but one of these is the Deputyship for School Systems. This is the unit that is primarily concerned with public education in elementary and secondary schools. Within this deputyship we have represented at this Conference the Bureau of Education of Handicapped and the Bureau for Elementary and Secondary Education.

All of these bureaus within the deputyship have some program activities that relate to the idea of parenting, improving parent competencies to work with their children in the education and developmental sense as well as in some other areas. Now, my boss is the Associate Commissioner for Elementary and Secondary Education, and I have a very small staff called the Special Program Staff. In essence, we get those jobs which are not big enough to form into division or branch and tend to get the kinds of things that are not legislative.

In BESE we have one division which administers Title I. We have one division which administers Title III, both of ESEA.

I might just add that, for example, Title I is doing quite a bit in terms of parent involvement. The regulations in Title I require parent participation in councils to administer this program in both the school system levels. Within the past 15 months, there have been these developments, vis a vis parenting, at the department level. They involve all the agencies within the department and some outside--an inter-agency task force on comprehensive programs for school-age parents. And one of my assignments is to direct, at the departmental level, this task force.

We are concerned with adolescent pregnancy, particularly the high educational, social and health risks involved with young parents. On the task force we have represented 35 different programs, units and offices (28 in HEW and seven in other departments such as HUD, OEO, etc.) which have an interest in school-age parents and their problems. Obviously, one of the factors related to schoolage parents is, again, how to work with their children. What kinds of educational, developmental, health, etc. experiences are unique to the children of adolescent parents, and how do we deal with them?

The second responsibility that I have is to head an Office of Education team which interfaces with a similar team in the Office of Child Development on the Education for Parenthood Project. Now this project has as its primary objective encouragement of the development and implementation in secondary schools of programs which will train young people to become parents or assume the role of parents. This, then, has three agencies involved. We have it in the Office of Education, team representation from these three bureaus, and also from the National Center for Educational Technology. And it is a working team.

I'll touch briefly on a couple of my other job assignments. I am a member of the Interagency Panel on Research and Development on Adolescents. Obviously, you see some ties with this and with the whole range of research and development

for adolescence, which is defined as ages 10-21. We have a parallel panel, inter-agency in nature, involving not only people in HEW but other departments in the Federal Government dealing with early childhood, which perhaps is a little more to the point of some who are attending this conference.

Finally, we have an interagency task force which has a very long title but the short title is "Stabilizing the Family Setting." The mission is to try to figure out ways an HEW program can increase the proportion of children in stable family settings and reduce those that are in either unstable settings or institutions. So, we work all the way from "How do you prevent a family from disfunctioning and disintegrating?" to "What do you do with kids who have already been the victims of disintegrated families, in our foster homes, or adoption agencies." Can we improve the method for moving these youngsters into a family setting?

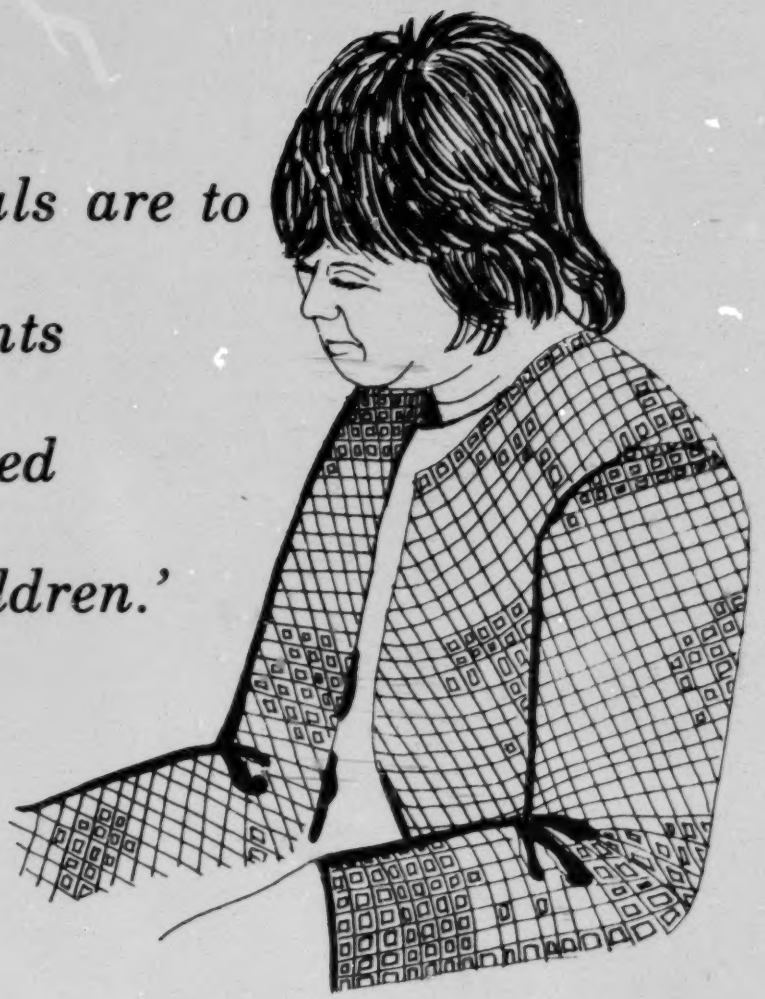
Now I recite all this not to impress you with what I am involved in but to impress you with the fact that all four of these assignments are inter-agency in nature. All four of them have, in the early stages, decided that the family has to be the unit on which they need to focus, and most of them are trying to develop procedures for eventually reducing the dependency of the family, on the kinds of service programs that the agencies are bringing about.

Now I want to talk a little about my school-age parent assignment because I think that this program has the greatest implications for the kind of things you are doing. Education for Parenthood is a home-based program--if we are talking about the focus of services at home as opposed to a center or a school-based program providing the services for the child.

The ultimate objective of Education for Parenthood is to ensure parents work effectively with their children in their homes. To that extent we are trying to focus on some things which will make things better for youngsters in the home and which will tend to enable parents to develop competencies to work with their children.

'The main goals are to help the parents become involved with their children.'

By Sonia Matlick



The Beekman Center for Mentally Retarded opened with 350 children in September, 1968. During the first year, we found a need to have home training for retarded youngsters who were under age three. So at that time we had an after school program where the parents could come in with babies and toddlers. We would give demonstration lessons to the children, to the parents, and then send them back home. They would have only this weekly contact.

The following year, under Title VI funding, the program evolved into a program for multiply-handicapped children who were not in any school programs. At this point, there was quite an effort to get the children into the school setting. We worked in small groups in center programs with the parents observing and then followed it up with home visits. The next year there were so many multiply-handicapped children who were not being served in the public schools that it became an in-center program. I became a classroom teacher of the multiply-handicapped for four days a week and on Friday made home visits to children under age three.

Since the day training centers for the severely mentally retarded are now under the public school systems in Lansing, Michigan, I have been free this year to serve as the home visitor for the children under three.

Let me give you some idea of what the program involves this year. The main goals of the program are to help the parents become involved with their children.

- *I help the parents make a medical diagnosis in the communities just by setting up appointments or encouraging them to set up appointments. Many of our children are seen regularly by their pediatrician, orthopedic surgeon, otologist, ophthalmologist, and neurologist.*

- *While I am making the home visits, I am constantly assessing the child's improvement and relating this to the parents, training them to observe their child.*

- *I give demonstration lessons on specific skills that I think the child is ready to learn and then I observe as the parents do the same thing and comment on how they are handling the child.*

- *I provide counseling to help parents adjust to the fact that they have a handicapped child. This is something we must face in dealing with youngsters from birth to three years. It takes about three years for the parent to realize the child's limitations. Or more important, recognize all the things that the child can do and adjust to the fact that the child will be placed in a special education program at age three.*

- *Parent education is very important and I am glad to see a lot of materials here because I seem to have difficulty gathering materials in child development to take to the parent. I do loan books, show movies, and organize group meetings.*

- *Another main goal is helping the child become as independent as possible. In working with these families, I have contact with a*

great many agencies in the community. Public health nurses are often referring youngsters or checking with me on the specialized program for a particular child.

To carry out the program, I communicate with the physician, the staff members at the Beekman Center such as our nurse, speech therapist, psychiatrist, and social worker. Some of our children are referred to a speech and hearing clinic for cerebral palsy children. I work closely with them so that we get the children into the appropriate program as soon as possible. I accompany children to the Crippled Children's Clinic for orthopedic evaluations and I have gone to the hospitals to communicate with nursing staff there. I work with social workers through the county social services. I also work closely with the school for the physically handicapped because, hopefully, some of our youngsters will be placed in that program.

We get referrals to the program constantly. Most referrals come when the children are 1 1/2 years old. The parents become concerned when they are not walking or crawling. Some of our referrals come right at birth when the child has been diagnosed as possibly being retarded. Most of these children are the Downs Syndrome babies.

This year when I started in September I had 12 children; right now I am working with 27 children. This will give you an idea of how the program can grow. To give you an idea of the children I am working with--seven are Downs Syndrome youngsters, six are very severely neurologically handicapped, seven have cerebral palsy and mental retardation, three multiply-handicapped youngsters and three children who are considered trainable. We have one child who was referred two months ago as a post meningitis child. We have been working individually with that family and the child now is coming along beautifully. I did announce to the parents if they felt that at any time they did not need my services, just to let me know because he is recovering. It is good to see that. The ages of these children range from seven months to three years old. So, there is quite a range of ages and ability.

The program is all very individualized. Each child has his own program. The parents come from really a cross-section of the population. The youngest mother is 17 and the most experienced mother has raised four children.

When I go into a home to make a visit, the first one is usually much longer. I take a history of the family background, developmental history of the child, explain the home training program, and ask what the parents expect from it. I really take a lot of cues from the parents. Some of the parents are anxious to get busy and work with their child. Others will take longer to get involved. I assess what the parents feel the future is for their child and then gradually work toward goals for them.

The weekly home visits generally last from 1 to 1 1/2 hours. I have learned something from this conference that I am going to have to adjust. I hope I am not focusing too much on just the child. This is something I am going to have to watch. I do get down on the floor with the child and demonstrate many activities and methods of teaching and then have the mother participate too. We try to let the parents know the level at which the child is functioning in several areas.

In some cases I loan play equipment or materials. Much of the equipment and the materials that we have in the center are very special and very expensive--the peg boards, puzzles, and some of the things that many parents can't afford. In some homes I just gather up what they have there and show the mothers how they can improvise with items at hand.

The program for these youngsters is very heavy in motor development and language development. We spend considerable time teaching the parents how to develop parallel talk with the child, how to talk to their baby. We do many exercises in sitting, balance, pre-creeping, patterning for creeping, standing, and walking. A lot of work is done in self-care. With some children we have to work on developing their swallowing and feeding process. With others, we are working on handling the cup, self-feeding. One big project that I encounter with many families is getting the child off baby bood. The

parents seem to think this is very difficult but we have been quite successful with this in our home training program. Another project that I get involved in is toilet training. Just before they are three years old if the child seems ready, we work on this rather intensively.

I try to get a feeling for the family environments. With some mothers they are over-involved with this youngster, with some families they are under-involved with this youngster. I try to work toward a happy medium and we have seen some success in this. For example, in one home there are three children. The middle child was retarded and had cerebral palsy. The older child was three years old, the retarded child was two years old, and they had a baby that was six months old. The mother was holding the two-year-old all day long. She has learned that the needs of her other children are just as important and that really, it was not doing any good to keep holding the handicapped child all the time. She has come a long way in the last six months in rearranging her behaviors. Also, the child is becoming more independent and, I believe, a lot happier.

Another mother, on my initial visit, made the comment as she pulled her two-year-old out of the play pen, "I don't really fool with her too much." So, that was a cue that we had better show her some things that she could do in getting the child to respond to her. We have seen a positive change in the dynamics between the mother and child. The child is succeeding and doing things. The mother is spending more time with the baby.

It is very difficult to evaluate a program like this. At least, I find that it is--because you are looking for parent involvement and for maximum development and growth of the child.

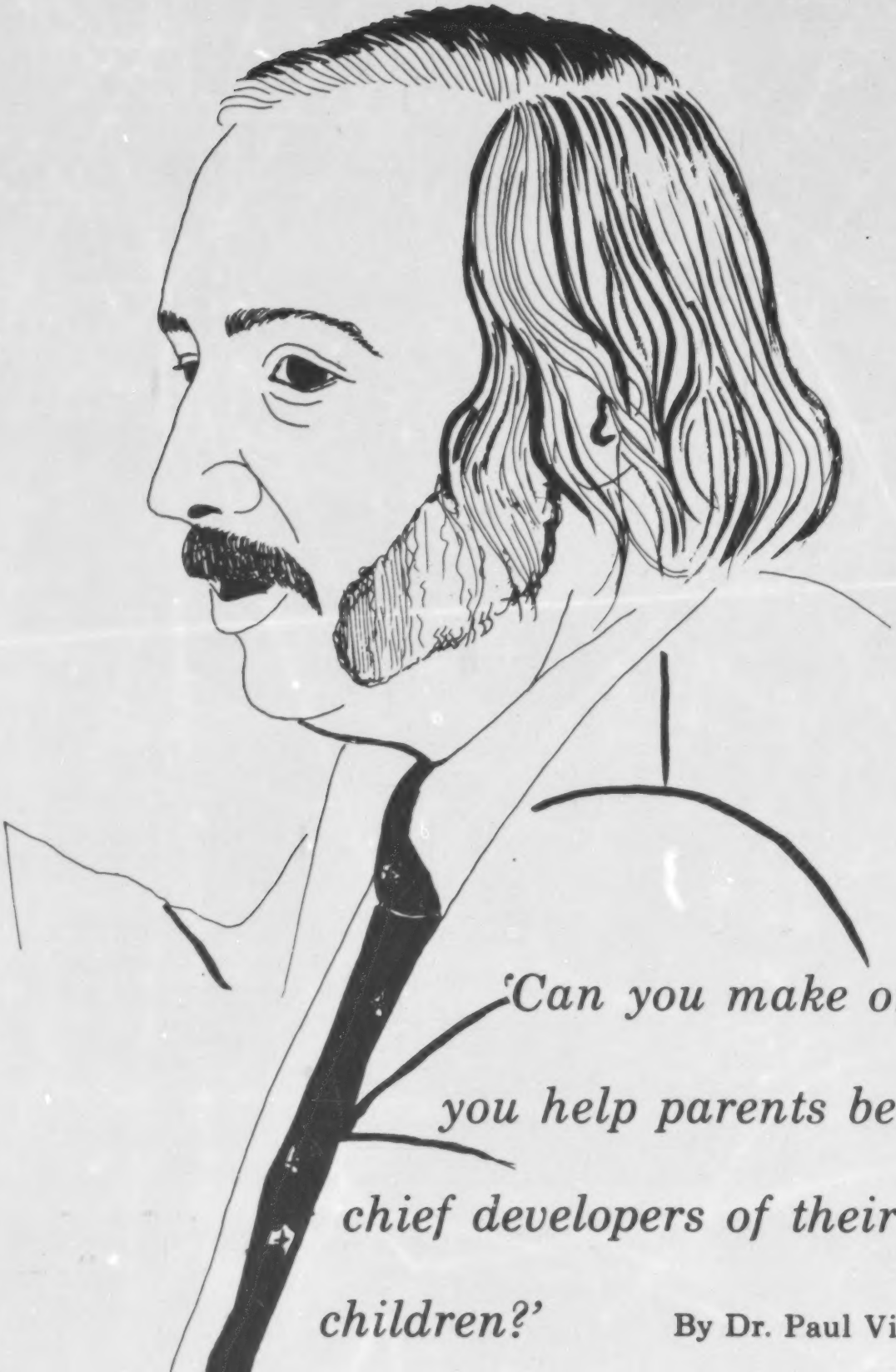
I would like to share with you some of the problems that I have encountered. They may seem like very simple ones but they are practical things to consider. Geographic location in one program is something that must be considered. I drive 500 miles a month and this is mostly in-city driving. The farthest home that I visit is 40 miles away.

Scheduling is very difficult when you are working with young children. I have found that four home visits a day is manageable. This allows you to give your undivided attention to the mother and not have to rush away to meet another deadline. You have to schedule around naps, late risers, other children home from school for lunch, and then children arriving after school.

Another distractor can be other preschoolers in the home. I try not to have it become a distraction; we often use that child for modeling and to develop the other child's attitude toward that handicapped youngster's successes.

One thing that I have to be careful about is getting bogged down with the trivia of life. The mother of a handicapped child is usually rather isolated and so we do carry on a bit of small talk sometimes but I have to watch that we stay right on the subject because of the time factor and the amount of work to be done.

Lack of follow through on the parent's part is sometimes a frustration. Some parents need constant encouragement to keep up with things like doctor's appointments and the regular exercise routines that must be done.



'Can you make or can

you help parents become

chief developers of their own

children?'

By Dr. Paul Vicinanza

You asked me to report on what is happening basically on the national scene to "Home Start" and on what "Head Start" is currently doing in the home. I think most of you recognize the landmarks of current in-home programs: Susan Gray's work, Ira Gordon's, Earl Shaffer's, and Phyllis Levenstein's. Their work and the work of other programs have generally demonstrated that an in-home approach of some kind can be effective.

The ones I've just mentioned have done it on a small scale. They've done it in a research or demonstration context. But how can we use these general research results to begin to shape some national policy about in-home programs for children younger than five?

About two years ago the Office of Child Development started brainstorming in this area recognizing that they were contributing nothing new to in-home work--recognizing simply that they were building upon precedents established through specialized research which had been going on at that time anywhere from 10 to 12 years. They were trying to answer a very few basic "policy" questions. So, about a year ago now the Office of Child Development began funding a few "experimental" or "demonstration" programs they called "Home Start."

Neither the notion nor the name of Home Start was new. I think OCD found more than a few dozen programs around the country already called that and they caused those programs some considerable agony. However, they had a special purpose for Home Start that involved basically four major objectives, and which related well to social policy issues.

The first major objective was to involve parents directly in the educational development of their children. Can you make or can you help parents become chief developers of their own children? The second objective--can you impress upon parents their capacity for aiding the general development of their own children?--was essentially an amplification of the first objective which stresses education only. Objective three was to demonstrate and evaluate methods of delivering comprehensive child development services to children and parents or substitute parents for whom a center-based program is not feasible. Many of you, I think, are familiar with the problem in rural areas: center-based programs are very difficult to achieve. The fourth objective was to determine (and this is a number one right now) the relative costs and benefits of center-based/home-based comprehensive early childhood programs, especially where both types of programs are feasible. The underlying assumption, I think, is from Sue Gray's testimony to Congress about four years ago that a home-based program definitely is less expensive and has the same impact as, or a better one than, center-based program.

Urie Bronfenbrenner recently put together a paper for OCD on early intervention into the home. In scanning cognitive growth, emotional growth--some question about social growth--and physical development, made the same kinds of "gains" in in-home programs as were made in center-based programs. Obviously these findings are somewhat limited in nature and scope. They are very difficult to generalize from.

Aside from the research angle of Home Start, there is a significant side-effect of cranking up this kind of program in the Office of Child Development. Because within twelve months from the time Home Start started, Head Start policy began to change concerning the kinds of opportunities available in comprehensive child development/child care programs. As many of you

know, Head Start, traditionally, in a full-year base was limited to a center-type five-day-a-week operation. This fall, many Head Start projects were given delivery options, and this is formulated basically within Head Start's overall Improvements and Innovations--or "I and I"--program. Aside from the fact that Head Start is coming out or has come out with a whole set of new "performance standards," one of the key features of the Head Start I & I program was its enabling local Head Start programs to begin thinking for themselves about what kind of delivery mechanism makes the most effective use of the money they receive from the federal government. Is it an in-center five-day or four-day delivery approach? Does an in-home approach make better sense in the community? Is it some combination between a center-based and a home-based approach? Another option, and one I dislike talking about, is double sessions.

The fifth option is for conditions which cannot be covered by an in-home, in-center, or combination. This is the locally developed option. At best estimate, there are now nearly 1,000 Head Start programs in the country. There are at least 74 programs today that have already begun to deliver what we could consider a reasonable facsimile of a Home Start effort within the Head Start context--based upon decisions made at the local level and based upon needs assessment at the local level.

Now, what does both the Head Start and Home Start home effort attempt to prove? Who is the most important individual to a young child in his developmental life? Who is going to be with that child to adulthood? Is there a way of affecting that relationship with that person who is going to be with that child throughout its childhood life. The Home Start essentially is an attempt at helping parents to be the enablers of their own children's development.

In delivery, Home Start is not a traditional program. It doesn't send a person into a home and work with the child on a one-to-one or in a small-group basis. It doesn't come in and play games with children. It doesn't come in and deliver "education" to children. Its primary intent and focus is to assist the parent in doing all those growth and development things she wants

to do for her children. Its primary focus is not a single child in the family but the entire family unit. Although for legal purposes, there is a focal child. Essentially, the child is within Head Start age guidelines when it is three to five years old.

Once into the family, the job of the person or persons delivering this service is to work with the significant adults in that family and not with the child per se. If you can change the life and the style and the kinds of input the mother or father has or the significant adult has with the child, you have affected the entire family. You have the kind of continuity there that you are unable to achieve in traditional institutions.

As many of you know, Home Start got off the ground and selected at first some 15 and now 16 programs across the county to demonstrate. These programs run from Gloucester, Massachusetts to San Diego, California, to Fairbanks, Alaska. The site selections were made basically for research purposes--getting the proper combination of persons and places. There were a lot of closely guarded secrets about site selection for research purposes. The program has a distinct service look about it, but it is in reality a generalized research program or demonstration program.

Who delivers the services now is the key question? Well, the answer is obviously a similar answer to ones that many of your programs have come up with. A person called a home visitor. . . .

'We regard the

family day care consultant

as an essential

but presently missing link . . .'

By Dr. Esther Wattenburg

The introduction of the family day care consultant, a paraprofessional at mid-career level (AA) as a member of the staffing pattern of Family Day Care Units, has as its primary goal upgrading the quality of care given to children in day care homes.

The consultants, selected primarily for their successful experiences as family day care mothers working under direct supervision of a coordinator, will be engaged in a work-study program with a strong interdisciplinary focus--blending some aspects of family studies, early childhood development, and social work.

Based in the neighborhood, they will provide a range of direct services to teach family day care mothers ways to provide an enriched program for children; serve as a source of crisis intervention and referral; link group day care resources more closely to those of family day care; facilitate the flow of information between users and providers; gather data and assess the emerging needs of family day care mothers for program development; and undertake some community activities dealing with the problems of children in unlicensed homes.

Family day care is the principal method of day care for working mothers in low income working class and minority neighborhoods. National statistics reveal that more than 90% of working parents' children under age 6 who are cared for outside of their own homes are placed in family day care situations.

A publication from the Children's Bureau revealed that care in the family home was the first choice, followed by care in someone else's home, regardless of the children's ages. Relatively few women expected to use day care centers. In a recently completed six-state study which included Minnesota, unemployed mothers on AFDC expressed the same preference for child care arrangements as did the average working mother.

The dimensions of the efforts needed in providing adequate child care arrangements is revealed in the following figures provided by the Women's Bureau, U. S. Department of Labor. In March, 1972, 12.7 million mothers were in the work force, an eight-fold increase from 1940. One out of three have children under age 6. (A forecast projects a 32% increase between 1975 and 1985 in the population of mothers with children under age 5 who will be in the labor force.)

How are these children of working parents, most of them in the lower third of our economic levels, cared for? In a recent study conducted by the Child Welfare League of America, almost half of the preschool children were cared for in their homes; not quite a third in day care home situations; and only a little more than 5% in group day care centers. The remainder were cared for in a variety of arrangements, many of which included being taken care of by the mother while she worked. The proportion of children of working parents who are in licensed family day care homes is estimated to be less than 10%.

One must note here that despite the mushrooming of day care centers, family day care homes continue to be the preferred resource.

Our own survey for this question brought out the following observations: Flexibility of the family day care situation is the overriding advantage because:

- *Family day care minimizes the transportation problem for low income mothers.*

- *It provides some supervision for school-age children and permits these children to remain in their own neighborhoods.*

- *It permits siblings to remain together.*

- *Family day care mothers provide an intimacy that is considered unavailable in day care centers, especially for those children under 3 and those who might have some special problems. Parents view individualized attention as the most desirable advantage of family day care.*

- *It is less expensive than other alternatives.*

A pervasive attitude of distrust for "institutional" day care centers is implied in many responses from low income communities. "The parking lot" stigma is still attached, generally, to this kind of child care. Informal opinions on the rigidity of centers (inability to handle mild emergencies thus disrupting the working day of mothers), inadequate facilities, crowding, and inadequate staffing are woven into the expressed negative feelings.

Finally, the use of family day care is frequently considered an income sharing device--particularly where children are placed with relatives or close friends. In our own informal exchanges with parents who preferred family day care, many indicated that the financial need of relatives or neighbors played a major role in their choice.

Despite the widespread use of family day care, the quality of this care is shockingly uneven. It ranges from an environment of creative and stimulating warmth to reported situations of neglect and abuse that frequently border on the criminal. For a vast majority of family day care situations, we have no documentation whatsoever since the estimated number of such homes that are licensed fall between 1 and 10%.

A few summary observations on the lack of a support system:

- *Although family day care has the greatest use, it has the least quality control. Even in licensed homes, there are limitations since licensing criteria primarily are concerned only with physical details such as safety and hygiene.*

- *There is currently little, if any, provision of supportive services to the licensed family day care mother. In this community, licensed FDC homes are visited perhaps once or twice a year for a routine visit by the overburdened day care staffs of Ramsey and Hennepin County Welfare Departments.*

- *There is virtually no quality control over the day care of thousands of children who are informally placed in homes throughout the metropolitan area without even the minimum protections afforded by licensing.*

- *The opportunities for training for the providers of family day care are sparse and often inaccessible.*

- *There is a lack of systematic information between the users and providers of family day care. Parents lack sound information on which to base an informed choice for appropriate day care services and many women providing family day care are unaware of licensing procedures.*

Despite these problems, in the forseeable future family day care will be seen as an essential, inevitable component of a comprehensive day care program:

- *To offer an intimate environment for infants and very young toddlers.*

- *To create a supplementary service for school-age children.*

- *To deal flexibly with the special needs of both children and their working parents.*

As a response to these community needs, we have proposed a project that embraces a threefold development.

1. The use of mass media (TV and radio) as a medium for providing education and training in early childhood education with the adjunctive use of group sessions, independent study, and special seminars and workshops that will be delivered directly to the family day care mothers.

2. The establishment of a central and five satellite resource centers to be staffed and stocked in a way to enhance the competencies of the family day care mothers in each neighborhood; provide ongoing consultation and materials for loan, sites for seminars, and group projects in an easily accessible facility; and to provide a neighborhood base for the family day care consultant.

3. The development of a new career: The family day care consultant. It is to this aspect of the project that this paper will address itself.

Given the nature of the problems outlined, Family Day Care System, it seems to us, must move irresistibly to "inventions" of staffing to ensure some quality.

If the Family Day Care unit of Ramsey County Welfare Department is at all typical of such enterprises around the country (and a cursory review tells us it is), an overworked staff confines itself only to basic licensing requirements, which consist of an initial investigation focusing on safety regulations, one visit a year, and crisis interventions. The meager resources

of the staff cannot be stretched to provide systematic training for the homebound family day care mothers, consultation on a range of formidable problems, and sustain the brokerage function between users and providers.

Beyond the pervasive issue of securing a handle on quality control over the licensed day care mothers, there is the nagging concern with the thousands of children tucked away in totally unsupervised situations. In Ramsey County, there are more than 11,000 working mothers with children under 6 (1970 census). There are only 900 licensed day care mothers and 1,300 group day care places.

Moreover, the background and experience of the professional staff has one major incapacitating feature: in Ramsey County they are chiefly social workers without any training in early childhood or in family sociology. And this is not unusual. Most professional staffs of Family Day Care units lack an interdisciplinary focus to their training.

In our project, we propose to introduce a family day care consultant, a paraprofessional, at a mid-career level (AA degree) with the primary mission of upgrading the quality of care given to children in family day care homes.

The particular "consultant" that we are, as it were, inventing, is derived from the model described in the paraprofessional literature as "relatively autonomous," i.e., tasks are assigned on the basis of the best performer, not on distinctions between "professional" and "paraprofessional" activities. This model stresses the uniqueness of the paraprofessional abilities and emphasizes a fair degree of independence and high discretion in paraprofessional activity. (Note that the model we are proposing is not derived from that which selects a set of tasks for the paraprofessional that the professional considers "routine," "demanding less skill," "low level," or "subordinate.") Because both members of our family day care team bring special capabilities to their differentiated tasks, we expect more of a collegial set of relationships to emerge than is the usual pattern in such arrangements. We have deliberately selected a model of a professional that is expected to operate in a team relationship with the professional, more or less as a peer, not as an underling in a hierarchical structure.

It is our contention that the family day care consultant brings a unique set of capabilities, not usually shared by the professional--for example, successful experience as a family day care mother. They are intended to have the insider's know-how, the savvy, and an intimate working knowledge of family day care and its strengths, weaknesses, and special problems and to use this experience to shape a practical, common sense approach to problems which, family day care mothers tell us, has been notably lacking in the meager attention they have received from the professional staff.

We are suggesting that the consultants will assume the following functions or roles:

Teacher--includes a range of activities from bringing and demonstrating play and learning equipment to the FDC home to direct interaction with the FDC mother designed to teach her how to influence a positive self-concept and enhance the child's nurturing environment.

Consultant--working with FDC mothers to increase their skills and competencies and coping capacities, as well as providing help in the legal and fiscal management of the service.

Outreach Worker--an active searching out to detect problems in unlicensed situations and bring licensing to the attention of the community.

Broker--assessing the needs of the users and the qualities of the providers and providing appropriate possibilities of match.

Bridge--assuming a variety of linkage activities, primarily among users, providers, the FDC agency, the Resource Centers and the administrative staff of the project. (As a Bridge, they may of course get walked on by all sides, a paraprofessional hazard.

Data Gatherer--gathering information from case data, statistical reports,

related sources of community information and reporting these to appropriate persons for program development and evaluation.

Direct Supportive Services--this includes the supportive roles to users and providers which range from listening for simple morale purposes to direct intervention when crises demand it.

Wide publicity of the 10 positions to be opened to family day care mothers included a precise description of the work-study arrangement that would lead to an AA degree. An advisory committee with representatives from Early Childhood Development, the professional staff of the Family Day Care Unit, family day care mothers, minority representation and the disciplines of Social Work and Family Services developed the criteria (see page 88). A process of self-selection was initiated. This involved providing precise information on the expectations of the position and specific information on the demanding nature of the tasks and responsibilities, as well as the possibilities in this opportunity. This procedure narrowed the field considerably--from over 100 applications to 27. The process was further refined when we invited all the family day care mothers who remained as candidates to come to a coffee party to facilitate some interchange with the selection committee. At this meeting, more detail was given and the questions and answers qualified even further the particular nature of the family day care consultant roles as we saw them and the dimensions of the development of this aspect of our program. Finally, 23 expressed interest in the interview. Consistent questions (see page 87) were proposed to the interviewee and the responses to these along with some background information and references from family day care mothers provided bases for selections.

Out of the 10 family day care consultants chosen, 9 had their high school diploma or equivalency, although this was not a requirement. Indeed to our surprise, most of these family day care mothers selected had some college in their background, varying from a few extension courses taken from supplementary Head Start Training to some who had had a systematic experience in training to be a nursery school teacher. Of

the ten, three are minority persons. Generally they represent the diversity one sees in family day care mothers: ranging from suburban, rather "middle-class women," to women with a strong lower economic "working poor" background.

From an extensive "assessment of needs" process, we have summoned a fairly clear picture of the most pressing problems of the three major constituencies engaged in this resource.

- *From the family day care mothers: A set of conflicts emerging from confusion of role (an extension of the parent? substitute? neutral caretaker?); severe behavioral problems and lack of understanding of dynamics and coping techniques in management; battered children; a range of difficulties with parents (immature single heads of households to children caught in the stresses of family break-up); conflicting standards of child rearing; ethical problems of confidential information.*

  These items are by no means exhaustive in an inventory that had a bewildering variety of troubling and perplexing problems.

- *From the professional staff: the need for neighborhood workers to deliver direct services and feedback for program development; some ideas on how to alert the community to the problems of unlicensed homes.*

- *From the users: information, awareness, and consumer guides on how to select this resource, as well as help on alternative placements when appropriate.*

From this assessment, we view the consultant, at this time of program development, as one requiring some selected competencies derived

from three disciplines: Social Work, Early Childhood, and Family Studies. Broadly speaking, from Social Work we would borrow an understanding of how individuals function in a social environment and the intervention techniques one can master in the helping process; from Early Childhood, an understanding of how children grow, learn, and play and the implications of this for the family day care environment and from Family Studies, patterns of child rearing and the changing family structures.

Can we bring off this marvel of a hybrid? Despite the obvious complexities, we feel we have headed in the right direction by securing the cooperation of these three departments within the University to particiapte in the project and with an interdisciplinary staff we're off, at least, to a soaring start.

We are presently engaged in drawing up a set of "understandings," which we presume will be the framework for designing curriculum. This is a tentative outline of what we are considering:

1. *The profound sense of isolation that most family day care mothers feel as they care for youngsters from sun up to sun down, very often without any break into the neighborhood or the life of the city. They are generally homebound and suffering from the characteristics of loneliness, touched off by a lack of adult companionship. It is our hunch that this contributes a great deal to the often expressed hostility and resentment they show to the working mothers who leave their children as charges, for in them they somehow see a role that they themselves wish they could escape to.*

2. *Perhaps linked to the former is a marked loss of self-esteem of family day care mothers as a group. They often refer to themselves as "only babysitters." They present themselves, as a group, as unloved and unlovable. A sense of grievance is a heavy*

undertone to their exchanges. They do not see their contribution to the care of children as an important community service. One of the interesting features of this is that since we began our TV program for family day care mothers, the sense of excitement and improved self-concepts from having an educational program directed to their needs and the attention they have been receiving both in the news and elsewhere has already begun to have an interesting contribution to their growing self-confidence as competent women. The family day care consultants are not so distant from these feelings themselves that they cannot understand this situation but they must have some self-examination of this in order to understand what behaviors might flow from the phenomena of isolation and self-depreciation.

The following is a beginning consideration of skills we are looking at:

1. Interviewing as a method in the helping process along with one-to-one relationship capabilities.

2. Communication skills with special attention to recording, reporting, and small group dynamics.

3. A knowledge of community resources and how to "broker" them for the users and the providers.

4. The capability of understanding how the concepts of child growth and development relate to the activities in the day care home and to the interactions between family day care mother and child.

5. Applying the knowledge of safety, nutrition, health, and other areas to the family day care situation.

6. Developing diagnostic skills, especially relating to danger signals in maladaptations of child behavior.

7. Developing a range of community organization capabilities that will help to develop an awareness of family day care resources, upgrading the consumer sophistication in purchasing this service and identifying for the program staff concerns that should be addressed in the development of the project.

8. Developing the capability of providing technical help in management concerns: bookkeeping, taxes, legal questions.

This is being developed as a work/study model with the intention that 50% of the time will be spent out in the field base in the neighborhood facility of the resource center and 50% of the consultant's time will be spent pursuing an educational goal of an AA degree with an interdisciplinary focus mentioned above. A tentative curriculum is available as our tentative plan for the framework of this portion of the project. It awaits refinement from the participants and a University-Community curriculum advisory committee.

1. We are planning to do a considerable amount of co-training of the family day care consultants and the professional staff of the family day care unit so that the team concept can be developed and reinforced. Activities here will include attendance of the consultants at staff meetings, regular reporting procedures on the progress of the project, and opening up the seminars to the family day care staff.

2. The latter concept is basic to the model under consideration. At the AA degree, considered a mid-career level, we anticipate working with the Civil Service System in order to develop this

as part of a new staffing pattern for Ramsey County welfare board and the State Department of Public Welfare as a pattern for other county units. Credits earned in supplementary Head Start and other training programs will be reviewed and where appropriate will be the base upon which the family day care consultants can build. Other opportunities for work at this level are staffing in day care center operations, special needs, facilities for young children and community organization efforts in developing programs for family day care. The possibility of moving on to a BA level and beyond to fully professional goals is an essential concept. Details of the latter from family day care mother to full professional development is apt to be worked out.

3. The methodology of the training program is lodged in the proposition that a core curriculum, electives, and related coursework will be available through the more conventional sources of education at the University of Minnesota. The use of Special Topics (an accredited device for flexible curriculum initiatives) will enable us to improvise those seminar topics that emerge as the most useful topics of exploration as the projects develop. We also intend to use Independent Study for content that has a major focus on readings; laboratory equipment to acquire refined skills in interviewing techniques and communication skills; special workshops for specific acquisition of knowledge such as demonstration techniques in the use of play equipment. Seminars fusing the consultants' work in the field with coursework within the university will be established.

A coordinator will supervise the work in the community; advise in the curriculum choices and initiate activities (seminars, individual supervision) to fuse the two.

The family day care consultants, based in the neighborhood resource center, will have 50 licensed day care mothers as their initial caseload. The level of activity will determine whether or not this should be narrowed.

The consultants will participate in all staff meetings, providing linkages to other aspects of the program.

This suggested project has the intention of shaping a staffing pattern that will not only enhance the quality of direct services to family day care mothers, but provide the community with a capable and competent group of persons who will know how to link family day care resources and those of the day care centers into a relationship with each other for the benefit of the children of working parents.

We regard the family day care consultant as an essential but presently missing link in the gaps presented by licensed family day care homes, day care centers, and the vast and somewhat invisible network of haphazard arrangements that are currently made by working parents.

ATTACHMENT #1

SUGGESTED QUESTIONS FOR SELECTION COMMITTEE

1. How did you happen to get interested in the job of family day care consultant?

2. What are the areas you would be most helpful in to other day care mothers?

3. In your experience as a day care mother, what children were the most rewarding? What situation did you find the most difficult?

4. What kinds of activities do you plan with the children under your care?

5. What outside activities do you have? What community organizations do you belong to?

6. How does your family feel about your applying for this job?

ATTACHMENT #2

SUGGESTED ASSIGNMENT FOR TV
COURSE PARTICIPANTS
(Family Day Care Mothers)

As an aid in evaluating course progress and determining future directions, we should like to ask you to:

1. List five negative behaviors in children under your care which trouble you.

2. List five negative behaviors in parents of the children under your care which trouble you.

3. Describe briefly what you think triggers each of these behaviors.

4. How do you know? (How did you make the connection between the negative behavior and that which may have caused it?)

ATTACHMENT #3

SUGGESTED CRITERIA FOR SELECTION
OF THE FAMILY DAY CARE CONSULTANT

1. Priority will be given to applicants with successful background as a licensed family day care provider. Preferably a minimum of two years experience will be preferred. Second priority will be given to applicants with a successful background in unlicensed family day care, or other experience in early childhood education/development or in working with parents and children. The second priority areas will not be considered if sufficient qualified applicants under priority one are available.

2. Of the 10 consultants, at least three shall be of a minority race or ethnic group.

3. Although a high school diploma is not required, the consultant shall be capable of satisfactorily completing undergraduate college work (for example, having the potential for developing good reading ability).

By Rob Roy Walters

'. . . we are making an effort to tie the establishment to the thrust of early childhood education.'

I would like to turn a corner in your thinking here for a brief period of time. For more years than I care to count--at the federal, state, and local level--we have been sitting around tables like this with people who had fine ideas and who were developing fine programs. But it seems to me there is a problem. There is a tremendous expenditure year after year. There are vast personal efforts, personal sacrifices, to develop a program and then, because those engaged in developing programs never really link up with the establishment, the programs drift away into nothingness--or fill the shelves of libraries and laboratories throughout the country. They never really get to the target audience except possibly through the field test and the experimentation conducted in the development process.

It is my belief that the essential ingredient to successfully implement a program is involvement of the establishment. By establishment I mean the state and local school systems. They were there yesterday, they are going to be there tomorrow and they have got the money. We could talk about the money we get from the federal government for education, but when you get right down to it, it is a drop in the bucket compared to the billions that are spent every year by the state and local governments.

So, if you want to see a program or a movement really reach fruition, then you must involve what I call the establishment--the educational system.

As a step to achieving this linkage with the school systems.....

AEL has been involved in fostering the creation of a regional consortium of state departments of education which is capable of providing leadership in implementing the Home-Oriented Preschool Education program, and other regional programs and services. The original effort to initiate such an organization came about one year ago. In April, 1972, Benjamin Carmichael, then Director of our Laboratory, initiated a telephone conference with the chief state school officers of the seven states in the Appalachian Region which are associated with AEL. The states involved were Alabama, Kentucky, Ohio, Pennsylvania, Tennessee, Virginia, and West Virginia. The purpose of the conference was to react to proposal from AEL for the formation of a consortium of state departments of education to direct the production of early childhood education television lessons and facilitate program implementation in the local educational agencies in their states.

The reaction to the proposal was very favorable. Therefore, a one-day exploratory conference was scheduled in Washington, D. C. in June of last year. Representatives of the chief state school officers and AEL staff members attended this conference to further the consortium proposal. Early childhood education was formally identified as the initial program focus. Several studies were identified which had to be completed prior to further organizational work.

A survey was made of the actual status of early childhood education in the seven states. Other consortium-type organizations involving state departments of education were studied to determine appropriate organizational structure . The decision was made to form a non-profit corporation as the structure which could best serve the consortium purposes. The chief state school officers will serve as the Board of Directors and formulate policy for the consortium; whereas, the administrative representatives shall be in charge of the operating decisions. Actual programs such as the initial program in early childhood education shall be

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carried out by task forces. The task forces can be expanded to include as many people representing various positions as deemed necessary. At the present time, the consortium is exploring the possibility of having educational television personnel and evaluation specialists working on the early childhood task force to provide input into the television component and evaluation of the Home-Oriented Preschool Education program.

The early childhood task force has held two meetings to provide direction and input into the production of the pilot television tapes and materials by AEL.

The incorporating document has been drafted and the following objectives have been agreed upon by the consortium states. They provide the best understanding of the potential scope of the Consortium.

The objectives for which this Consortium is formed are as follows:

(1) to initiate and conduct regional programs which will contribute to the improvement of educational practices and procedures.

(2) To increase cooperative interaction between the several State Departments of Education of the member states as hereinafter defined in Part IV, and between such State Departments of Education and other agencies concerned with the welfare of children including department of the Federal government, private foundations, institutions of higher education, and other regional agencies and organizations.

(3) To increase the effectiveness of Federal expenditures for education in the member states through better coordination of Federal and state efforts, resources and services.

(4) To acquire, analyze and disseminate by various means information which advances the purposes of the Consortium of State Departments of Education in the Appalachian Region.

(5) To seek to generate sufficient funds to carry out the purposes of the organization

(6) To acknowledge the need for the educational leadership in the member states to become personally involved in cooperative efforts to improve the educational opportunities of children with the full understanding that nothing implied or stated in these articles shall in any way detract from the right of each State Department of Education to pursue its own destiny in any affair which at any time recommends or requires action apart from that agreed upon by the members of this Consortium.

(7) To receive and maintain a fund or funds and, subject to the restrictions and limitations hereinafter set forth, to use and apply the whole or any part of the income therefrom and the principal thereof for the purposes for which this corporation is founded.

(8) To make, enter into, and perform contracts and undertakings of every kind and description necessary, advisable or expedient to carrying out the purposes of this corporation, with any person, firm, association, corporation, municipality, body politic, county, state or federal government.

(9) To accept gifts or gifts in trust for the purposes of this corporation.

(10) To collect, invest, and accumulate income and to pay or apply income as well as principal, at its discretion, for the purposes of the corporation.

(11) To receive, own and hold for its purposes any property, real, personal, or mixed, including insurance policies without limitation as to kind, amount, or value and to operate, use, enjoy, improve, manage, mortgage, pledge, lease, assign, exchange, pay premiums on or sell or otherwise dispose of any and all such property in such a manner as in the judgment of the Board of Directors best promotes the aforesaid purposes of the corporation.

(12) To have offices and promote and carry on its objects and purposes within or without the State of West Virginia, and specifically in other member states and in the District of Columbia.

We feel this linkage is beginning to come about now, and I think our progress is very satisfactory. All I want to tell you is that we are making an effort to tie the establishment to the thrust of early childhood education. If we don't do it now and we all gather back here again in four years, most of us will be in different jobs, doing different things and our programs will be gone. I really believe that it is essential that we begin to work with the school systems or our efforts will just evaporate as priorities change and we start over again.

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